

LEICESTERSHIRE 72



LEICESTERSHIRE
COUNTY COUNCIL

ANNUAL REPORT
of the County Medical
Officer of Health

COUNTY HEALTH DEPARTMENT PREMISES



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CONTENTS

Map of Health Department Premises	i
Foreword	3
Members of the Health Committee	5
Members of the Education Committee	6
Staff of the Department	7
District Medical Officers of Health	11
 Part I – Statistics	
Vital Statistics	15
Population	17
Birth Statistics	19
Causes of Death	20
 Part II – Personal Health Services	
Health Centres	27
Care of Mothers and Young Children	29
Nursing Services	41
Ambulance Service	57
Prevention of Illness, Care and After-Care	60
 Part III – Epidemiology	
Infectious Diseases	69
Tuberculosis	73
Immunisation and Vaccination	76

Part IV – Environmental Health	
Sanitary Circumstances of the Area	81
Inspection and Supervision of Milk and Foods	88
Part V – School Health Service	
General Statistical Information	95
Medical Treatment and Special Clinics	97
Handicapped Pupils	106
School Dental Service	112
School Environment	119
Statistics	122
Index	125

FOREWORD

To the Chairman and Members of the Leicestershire County Council.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report on the Health and School Health Services for the year 1972 in accordance with the requirements of the Public Health Officers Regulations 1959.

As in previous years the report outlines the various activities of the Health Department and the usual statistics are provided for comparison with the past.

Inevitably the work of the Department has been affected by the preparations for the reorganisation of the National Health Service in April 1974. In this respect a great deal of extra work and additional training has been carried out by members of staff whilst striving to maintain the high standards of service to the community.

The combined effects of this increased workload and the uncertainties about the future have their effects on staff morale. Under these difficult circumstances it says much for staff loyalty that so few have left the County Council's service.

Perhaps the most important single event during the year has been the reorganisation of the Management Structure of the Community Nursing Services in line with the recommendations of the Mayston Report. The continued emphasis on community care and the need to conserve scarce hospital resources places a great burden on the local authority nursing services. Mrs. Marion McCarthy, appointed as the first Director of Nursing Services, and her management team have our best wishes in the tremendous task ahead.

I would also wish to draw your attention to the report of the Government sponsored research at Coalville into the needs of a defined population for a comprehensive family planning service. The results of the Family Planning Association's investigation may well determine the pattern of services for the whole country over the next decade.

Another health centre has opened during the year at Narborough and building commenced on one at Ashby. The programme for health centre building increases each year and now forms a considerable part of the workload of the Department. I am indebted to the County Architect and his professional staff for their expert

assistance and for the enthusiasm of the Sites Selection team of the County Planning Officer in the search for appropriate building land.

Many members of staff have helped in the preparation of this report and I am pleased to be able to express my gratitude to them and all members of staff for the high standard of work during the year. I am also grateful for the willing help and co-operation from colleagues in other Departments of the Council and to the many organisations and individuals concerned in the Health Service.

Finally I should like to record my appreciation of the constant support and understanding of the Chairman and members of the Health Committee and for the consideration shown to myself and all members of the staff.

A.R. BUCHAN

*County Medical Officer of Health
and Principal School Medical Officer.*

MEMBERS OF THE HEALTH COMMITTEE

County Council Members

Chairman: J.G.S. Tompkins
Vice-Chairman: Mrs. A.C.D. Bryan

Mrs. D.N. Bolton
Mrs. N.M.E. Eady
M. Gallagher
Mrs. C.M. Hallam
J.H. Iliffe
Col. P.H. Lloyd, T.D., J.P., D.L.,
(ex-officio)
F.J. McKeown
J.T. Mattock

Mrs. F.M. Page, J.P.
Duke of Rutland, C.B.E., J.P., D.L.,
(ex-officio)
Miss M.F.C. Saunderson-Morrison,
Mrs. J. Simpson
R.H. Watson
R.C. Weston
F. Wilkinson
F. Yates

Co-opted Members 5

MEMBERS OF THE EDUCATION COMMITTEE

County Council Members

Chairman: P.R. Hill
Vice-Chairman: D.J. Holt

B.P. Andrews
Rev. Canon H. Ash
Mrs. A. Beaven
J.E. Brownlow
A.W. Capers
Mrs. K.M. Dingley
H.I. Drake
F.E. Duffield
Mrs. N.M.E. Eady
M. Gallagher
G.B. Gibson
Nathan Harris
O. Hilton
E.H. Illson
Mrs. M.E. Keay
E.R. Learmouth

Col. P.H. Lloyd, T.D.,J.P.,D.L.,
(ex-officio)
R.A. McCrystal
T.O. McGrah
H. Moorhouse
Mrs. M.C. Mortiboys
W.T. Orson
Mrs. F.M. Page, J.P.
V.W.T. Pearce
J. Rodgers
Duke of Rutland, C.B.E.,J.P.,D.L.,
(ex-officio)
R.W. Toon
R.C. Weston
Mrs. K. Wildsmith
E.F. Winser

Co-opted Members 11

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer – Principal School Medical Officer

BUCHAN A.R., M.D., D.P.H., M.F.C.M.

Deputy County Medical Officer – Deputy Principal School Medical Officer

BYARS J.R., M.B., Ch.B., D.P.H.

Principal Medical Officer

KOFFMAN Dorothea, M.D., D.P.H., M.F.C.M.

Senior Medical Officer

McHUGH G., B.Sc., M.B., Ch.B., D.T.M. & H., D.P.H., D.I.H., M.F.C.M.

Senior Assistant Medical Officer

(Part-time)

HAYWARD Eirian, B.Sc., M.B., B.Ch., D.Obst., R.C.O.G.

Medical Officers in Department and School Medical Officers

BENNETT Joan G.H., M.B., B.Ch., B.A.O.

HALL J.W., M.D., B.S., B.Hy., D.P.H., M.F.C.M. (Part-time)

KERSHAW J.B., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Part-time)

KIND R.W., M.R.C.S., L.R.C.P., D.P.H. (Part-time)

ROSS A.C., M.B., Ch.B., D.P.H. (Part-time)

SUGDEN Margaret E., M.B., Ch.B., M.R.C.S., L.R.C.P.

BRADSHAW Elsa M., M.B., Ch.B.

Consultant Orthopaedic Surgeons

INNES A., F.R.C.S.,

DUKE R.F.N., F.R.C.S.

(by arrangement with the Birmingham Regional Hospital Board)

Consultant E.N.T. Surgeon

JENKINS J.C., F.R.C.S., M.R.C.S., L.R.C.P.

(by arrangement with Sheffield Regional Hospital Board)

Consultant Psychiatrist

PITTOCK Sheila M.W., M.B., Ch.B., D.P.M.

HOPKIRK K.D., L.R.C.P., M.R.C.S., D.P.M.

(Part-time) (by arrangement with Sheffield Regional Hospital Board)

Senior Educational Psychologist

TODD G.B., M.A., A.B.P.S.

Principal Psychiatric Social Worker

SUTCLIFFE Miss J., D.S.S., Cert. Mental Health

Principal School Dental Officer

SCIVIER, G.A., B.D.S.

Area Dental Officers

BAXTER J.A.G., L.D.S.

HORROCKS A.M., L.D.S., B.Ch.D. (appointed 3.7.72)

JONES A.L., B.D.S. (appointed 5.6.72)

KUYEBI T.A., L.D.S., R.C.S. (appointed 10.1.72)

Dental Officer

BINNS C.K., L.D.S., B.Ch.D.

BUCKERFIELD J.P., B.D.S. (resigned 30.4.72)

CHENEY Mrs. S., B.D.S. (appointed 13.11.72)

KENNEDY, Mrs. S.M. B.D.S. (resigned 29.7.72)

SEAL M.J., L.D.S., R.C.S.

County Health Inspector

GREGORY S.A., F.R.S.H., F.A.P.H.I.

Acting Superintendent Health Visitor

PEARCE Miss S.M., S.R.N., S.C.M., H.V.Cert. (resigned 1.10.72)

Supervisor of Home Nursing Services and Non-Medical Supervisor of Midwives

WRIGHT Miss S.M., S.R.N., S.C.M., H.V.Cert. (resigned 1.6.72)

Director of Nursing Services

McCARTHY Mrs. M.K.E., D.M.S., S.R.N., S.C.M., H.V.Cert. (appointed 1.5.72)

Divisional Nursing Officers

GROVE Mrs. G.J., S.R.N., S.C.M., H.V.Cert. (appointed 2.10.72)

PEARCE Miss S.M., S.R.N., S.C.M., H.V.Cert. (appointed 2.10.72)

Area Nursing Officers

DOHERTY Miss E.M., S.R.N., S.C.M., H.V.Cert. (appointed 1.11.72)

UNDERWOOD Mrs. M., S.R.N., S.C.M. (appointed 1.11.72)

WEBB Miss B.B., S.R.N., S.C.M., H.V.Cert. (appointed 20.11.72)

16 Nursing Officers

60 Health Visitors and School Nurses (combined duties)

70 Home Nurses

57 Home Nurse/Midwives

20 Midwives

40 State Enrolled Nurses

25 Part-time Auxiliaries

28 Part-time Night Nurses

4 Student Health Visitors

Community Health Nurse Teacher

DAMANT Mrs. M., S.R.N., S.C.M., H.V.Cert. (appointed 2.10.72)

Chief Speech Therapist

KINGSTON Miss R., L.C.S.T. (resigned 10.2.72)

HINCHLIFFE Mrs. A.P., B.A., L.C.S.T. (appointed 22.9.72)

County Ambulance Officer

DIXON S.S.

Principal Administrative Assistant

FREER N.C.

Senior Assistant County Medical Officer –

Medical Officer of Health Loughborough M.B. Shepshed U.D., Castle Donington

R.D. and Divisional School Medical Officer (Loughborough)

HOLDERNESS R.C., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Medical Officer in Department

Medical Officer of Health Blaby and Lutterworth Rural Districts

ROSS A.C., M.B., Ch.B., D.P.H.

Medical Officer in Department

Medical Officer of Health, Barrow upon Soar Rural District

HALL J.W., M.D., B.S., B.Hy., D.P.H., M.F.C.M.

Assistant County Medical Officer

Medical Officer in Department

Medical Officer of Health Oadby, Wigston and Market Harborough Urban

Districts, Billesdon and Market Harborough Rural Districts

KIND R.W., M.R.C.S., L.R.C.P., D.P.H.

Medical Officer in Department

Medical Officer of Health Hinckley Urban District and Market Bosworth

Rural District

KERSHAW J.B., M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

Medical Officer in Department

Medical Officer of Health Melton Urban District Council and

Melton and Belvoir Rural District

McHUGH G., B.Sc., M.B., Ch.B., D.T.M. & H., D.P.H., D.I.H., M.F.C.M.

County Chest Physician

BROUGH M.C., M.D., B.Ch., B.A.O.

(Joint appointment with Sheffield Regional Hospital Board)

Health Education Adviser

WILLIAMS Mrs. B.M., S.R.N., S.C.M., H.V.Cert.

Senior Dietitian

BURNS Mrs. S., Dip Dietetics (appointed 2.10.72)

Health Department Staff at 31st December, 1972

<i>Category of Staff</i> (1)	<i>Establishment at 31.12.72</i> (2)	<i>Whole-time</i> (3)	<i>Part-time</i> (4)	<i>Whole-time equivalent of Col.(4)</i> (5)	<i>Total whole-time equivalent</i> (6)
Medical Officers (Administrative)	2.00	2	.	.	2.00
Medical Officers (administrative & clinical)	2.80	2	1	.80	2.80
Medical Officers (clinical)	9.00	2	19	7.00	9.00
Dental Officers	14.00	8	.	.	8.00
Dental Auxiliaries	2.00	.	.	.	.
Dental Surgery Assistants	17.00	5	3	1.70	6.70
<i>Nursing:</i>					
Administrative	7.00	7	.	.	7.00
Nursing Officers (appointed 1.1.73)	17.00	16	.	.	16.00
District Nurses and Midwives	152.00	135	12	6.00	141.00
Health Visitors	67.50	57	10	7.50	64.50
S.R.N. (night nurses)	8.00	.	28	5.50	5.50
Student Health Visitors	4.00	4	.	.	4.00
S.E.N.	37.00	28	15	7.50	35.50
Nursing Auxiliaries	14.00	1	24	12.00	13.00
<i>Professional and Technical:</i>					
Speech Therapists	12.00	5	8	3.00	8.00
Social Workers (psychiatric)	4.50	4	1	.50	4.50
Audiology Technicians	5.00	5	.	.	5.00
Dietitian	.50	.	1	.50	.50
Health Education Officers	4.00	4	.	.	4.00
Public Health Inspection	4.00	4	.	.	4.00
Administrative & clerical	42.00	41	2	1.00	42.00
Manual & Domestic	9.00	2	14	7.00	9.00
<i>Ambulance Service:</i>					
Administrative Training	12.00	11	.	.	11.00
Operational	195.00	189	.	.	189.00
Totals	641.30	532	138	60.00	592.00

DISTRICT MEDICAL OFFICERS OF HEALTH		
Area	Name	Office Address & Telephone Number
<i>URBAN</i>		
Ashby-de-la-Zouch	Dr. A. Hamilton	Council Offices Kilwardby Street Ashby-de-la-Zouch Tel. Ashby-de-la-Zouch 2853
Ashby Woulds	Dr. A. Hamilton	Council Offices, Moira Tel. Swadlincote 7474
Coalville	Dr. A. Hamilton	Municipal Offices London Road, Coalville Tel. Coalville 4941
Hinckley	Dr. J.B. Kershaw	Municipal Offices St. Mary's Road, Hinckley Tel. Hinckley 3771
Loughborough	Dr. R.C. Holderness	Health Department Southfields, Loughborough Tel. Loughborough 63151
Market Harborough	Dr. R.W. Kind	Council Offices Northampton Road Market Harborough Tel. Market Harborough 2258
Melton Mowbray	Dr. G. McHugh	Egerton Lodge Melton Mowbray Tel. Melton Mowbray 3662
Oadby	Dr. R.W. Kind	Council Offices, Oadby Tel. Oadby 3266
Shepshed	Dr. R.C. Holderness	Council Offices, Shepshed Tel. Shepshed 3212
Wigston	Dr. R.W. Kind	Council Offices Station Road, Wigston Tel. Leicester 881331

DISTRICT MEDICAL OFFICERS OF HEALTH

Area	Name	Office Address & Telephone Number
<i>RURAL</i>		
Ashby-de-la-Zouch	Dr..A. Hamilton	Council Offices South Street A shby-de-la-Zouch Tel. Ashby-de-la-Zouch 2783
Barrow-upon-Soar	Dr. J.W. Hall	Council Offices 31 Fowke Street, Rothley Tel. Rothley 2391
Billesdon	Dr. R.W. Kind	Council Offices, Thurnby Tel. Thurnby 2182
Blaby	Dr. A.C. Ross	Council Offices Narborough Tel. Narborough 2071
Castle Donington	Dr. R.C. Holderness	Council Offices Delven Lane Tel. Derby 810556
Lutterworth	Dr. A.C. Ross	Council Offices Lutterworth Tel. Lutterworth 2161
Market Bosworth	Dr. J.B. Kershaw	Council Offices Market Bosworth Tel. Market Bosworth 290601
Market Harborough	Dr. R.W. Kind	Council Offices 42 High Street Market Harborough Tel. Market Harborough 3291
Melton & Belvoir	Dr. G. McHugh	Warwick Lodge Melton Mowbray Tel. Melton Mowbray 3343

PART I: STATISTICS

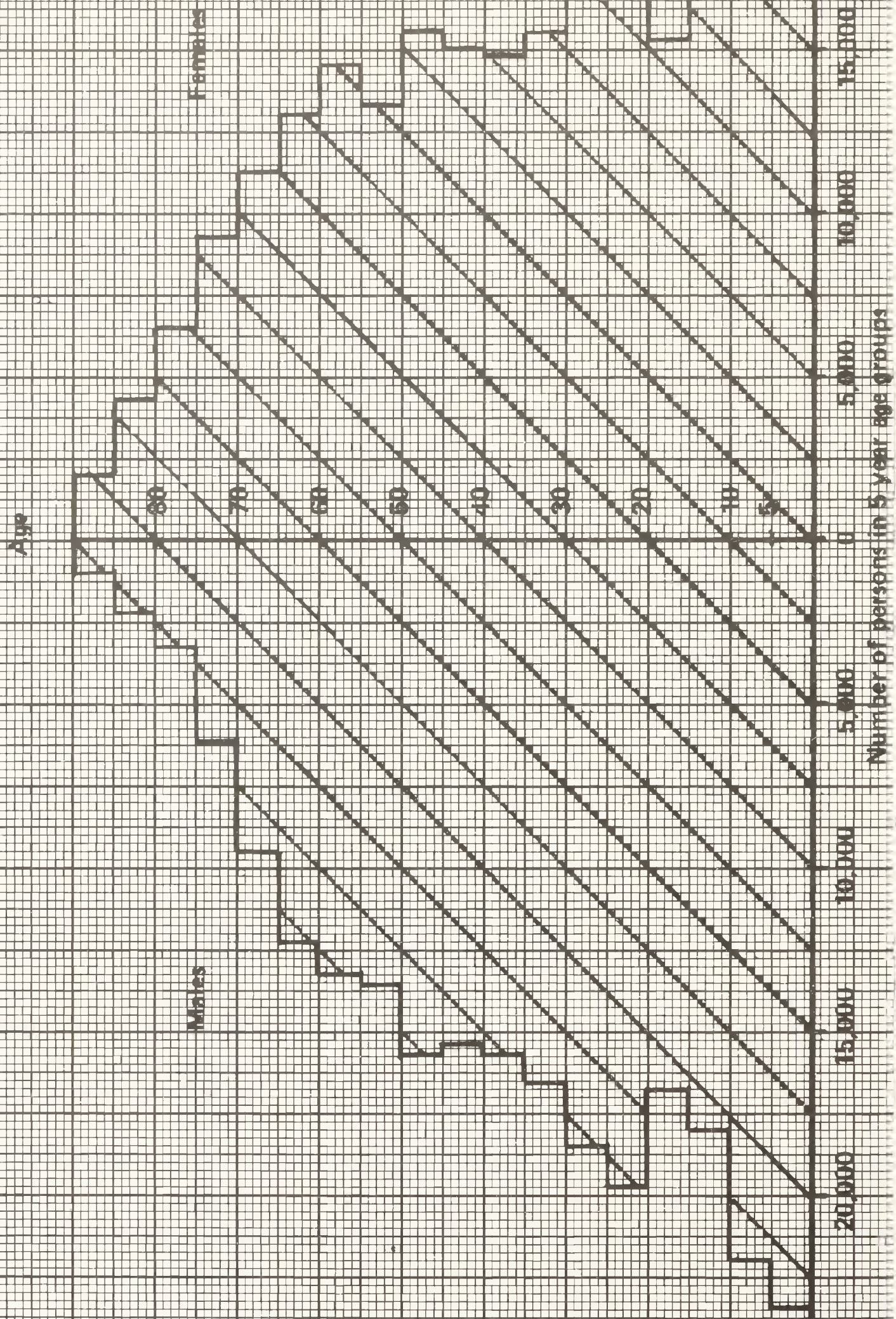
VITAL STATISTICS OF THE AREA		
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	Admin. County	England & Wales
Live Births :		
Number	7,852	725,405
Rate per 1,000 population (crude)	15.8	14.8
(corrected)	15.0	14.8
Illegitimate Live Births :		
Number	372	62,498
Per cent of total live births	5%	9%
Still Births :		
Number	75	8,794
Rate per 1000 total births	9	12
Total Live and Still Births :	7,927	734,199
Infant Mortality :		
Number of deaths under one year of age	125	12,494
Total infant deaths per 1000 total live births	16	17
Legitimate infant deaths per 1000 legitimate live births	15	17
Illegitimate infant deaths per 1000 legitimate live births	27	21
Neo-natal Mortality(deaths under four weeks)		
Number	82	8,373
Rate per 1000 live births	10	12

	Admin. County	England & Wales
<hr/>		
Early Neo-natal Mortality (deaths under one week)		
Number	73	7,142
Rate per 1000 live births	9	10
Perinatal Mortality (still births and deaths under one week)		
Number	148	15,963
Rate per 1000 live and still births	19	22
Maternal Mortality (including abortion)		
Number	0	—
Rate per 1000 total births	0	—
Deaths		
Number	5,117	—
Rate per 1000 population (crude)	10.3	—
(corrected)	11.2	—
Tuberculosis death rate :		
All forms (per 1000 population)	0.018	—
Pulmonary (per 1000 population)	0.014	—
Non-pulmonary (per 1000 population)	0.004	—
Cancer death rate :		
All forms (per 1000 population)	1.909	—
Lung and bronchus (per 1000 population)	0.448	—
Other sites (per 1000 population)	1.461	—
 Other Statistics		
Registrar General's Population Estimate Mid-1972		497,460
Area of Administrative County (in acres)		530,248
Rateable Value at 1st April 1972		£20,520,139
Estimated product of 1p rate, 1972-73		£203,050

POPULATION OF ADMINISTRATIVE COUNTY			
<i>URBAN</i>		<i>Mid-Year 1971</i>	<i>Mid-Year 1972</i>
	Ashby-de-la-Zouch	8,300	8,470
	Ashby Woulds	3,000	3,040
	Coalville	28,360	28,610
	Hinckley	48,170	48,960
	Loughborough M.B.	48,180	47,110
	Market Harborough	14,440	14,920
	Melton Mowbray	19,840	20,200
	Oadby	19,730	20,490
	Shepshed	8,410	8,530
	Wigston	30,140	30,890
	Total	228,570	231,220
<i>RURAL</i>		<i>Mid-Year 1971</i>	<i>Mid-Year 1972</i>
	Ashby-de-la-Zouch	14,680	14,740
	Barrow-upon-Soar	70,850	71,940
	Billesdon	11,200	11,840
	Blaby	74,270	75,740
	Castle Donington	11,850	12,060
	Lutterworth	15,520	15,840
	Market Bosworth	32,220	32,880
	Market Harborough	11,850	12,010
	Melton & Belvoir	18,890	19,190
	Total	261,330	266,240
Total Administrative County		489,900	497,460

Population Pyramid of the Administrative County of Leicester, 1971



Birth Statistics

Births occurring within the County

	Live births	Still births	Total
<i>Domiciliary:</i>			
County Patients	874	3	877
Other Patients	1	.	1
<i>Institutional:</i>			
County Patients	2,390	10	2,400
Other Patients	443	2	445
Total	3,708	15	3,723

County births occurring outside the County

	Live births	Still births	Total
Domiciliary	.	.	.
Institutional	4,569	64	4,633
Total	4,569	64	4,633

Net births to County Residents

	Live births	Still births	Total
Domiciliary	874	3	877
Institutional	6,869	74	6,943
Total	7,743	77	7,820

Premature births

	Live births	Still births	Total
Born in Institutions	403	44	447
Born at home or in a Nursing Home	33	3	36

CAUSES OF DEATH by Age and Sex in the Administrative County of Leicestershire 1972

Cause of Death	Sex	Total all Ages	Under 4 weeks	4 weeks & under 1 Year	Age in Years									
					1—	5—	15—	25—	35—	45—	55—	65—	75 and Over	
B4 Enteritis & other Diarrhoeal diseases	M	7	—	5	2	—	—	—	—	—	—	—	—	—
B5 Tuberculosis of Respiratory System	F	2	—	2	—	—	—	—	—	—	—	—	—	—
	M	1	—	—	—	—	—	—	—	—	—	—	—	—
B6 (1) Late effects of Respiratory T.B.	F	3	—	—	—	—	—	1	—	1	—	—	1	—
	M	2	—	—	—	—	—	—	—	—	1	—	—	—
(2) Other Tuberculosis	F	1	—	—	—	—	—	—	—	—	—	—	—	1
	M	1	—	—	—	—	—	1	—	—	—	—	—	—
B11 Meningococcal Infection	F	1	—	—	—	—	—	—	—	—	—	—	—	1
B17 Syphilis and its Sequelae	M	—	—	—	—	—	—	—	—	—	—	—	—	—
B18 Other infective & Parasitic Diseases	F	2	—	—	2	—	—	—	—	—	—	—	1	—
	M	1	—	—	—	—	—	—	—	—	—	—	—	—
B19 (1) Malignant Neoplasm, Buccal Cavity etc.	F	—	—	—	—	—	—	—	—	—	1	—	—	—
	M	3	—	—	—	—	—	—	—	1	—	—	1	—
B19 (2) Malignant Neoplasm, Oesophagus	F	9	—	1	—	1	—	2	—	—	—	—	—	4
	M	7	—	—	—	—	—	—	—	—	—	—	4	3
B19 (3) Malignant Neoplasm, Stomach	F	4	—	—	—	—	—	—	—	1	2	2	—	1
	M	16	—	—	—	—	—	—	3	3	2	1	3	8
B19 (4) Malignant Neoplasm, Intestine	F	9	—	—	—	—	—	—	—	2	6	17	28	16
	M	69	—	—	—	—	—	—	—	—	—	3	10	16
B19 (5) Malignant Neoplasm, Larynx	F	29	—	—	—	—	—	—	—	—	—	14	21	15
	M	57	—	—	—	—	—	—	3	6	7	18	34	34
	F	66	—	—	—	—	—	—	—	—	—	—	—	—
	M	4	—	—	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—

CAUSES OF DEATH (Continued)

Cause of Death	Sex	Total all Ages	Under 4 weeks	4 weeks & under 1 Year	Age in Years								
					1—	5—	15—	25—	35—	45—	55—	65—	75 and Over
B19 (6) Malignant Neoplasm, Lung, Bronchus	M	187	—	—	—	—	—	5	23	45	88	26	
	F	36	—	—	—	—	—	—	5	10	15	6	
B19 (7) Malignant Neoplasm, Breast	M	1	—	—	—	—	—	—	—	1	—	—	
	F	115	—	—	—	2	8	15	15	28	38	24	
B19 (8) Malignant Neoplasm, Uterus	F	37	—	—	1	—	—	—	5	10	9	12	
B19 (9) Malignant Neoplasm, Prostate	M	42	—	—	—	—	—	—	—	6	17	19	
B19 (10) Leukaemia	M	10	—	1	1	—	—	—	—	3	1	—	
	F	14	—	—	—	1	1	4	4	1	3	3	
B19 (11) Other Malignant Neoplasms	M	108	—	1	1	1	3	3	13	27	37	21	
	F	138	—	—	1	2	6	3	14	33	39	37	
B20 Benign & Unspecified Neoplasms	M	5	—	—	—	—	—	1	—	2	2	—	
	F	5	—	—	—	—	1	—	1	—	2	1	
B21 Diabetes Mellitus	M	21	—	—	—	—	—	—	—	4	6	11	
	F	28	—	—	—	1	—	—	1	4	6	16	
B22 Avitaminoses, etc.	M	—	—	—	—	—	—	—	—	—	—	—	
	F	1	—	—	—	—	—	—	—	1	—	—	
B46 (1) Other Endocrine etc. Diseases	M	7	—	—	—	—	1	—	—	2	1	3	
	F	10	—	—	—	—	—	—	—	3	4	3	
B23 Anaemias	M	4	—	—	—	—	—	—	—	—	1	3	
	F	6	—	—	—	—	—	—	—	1	1	4	
B46 (2) Other Diseases of Blood etc.	M	3	—	—	—	—	—	—	—	1	1	—	
	F	—	—	—	—	—	—	—	—	—	—	—	
B46 (3) Mental Disorders	M	1	—	—	—	—	—	—	—	—	—	—	
	F	16	—	—	—	—	—	—	—	1	4	11	

CAUSES OF DEATH (Continued)

Cause of Death	Sex	Total all Ages	Under 4 weeks	4 weeks & under 1 Year	Age in Years									
					1—	5—	15—	25—	35—	45—	55—	65—	75 and Over	
B24 Meningitis	M	1	—	1	—	—	—	—	—	—	—	—	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—	—
B46 (4) Multiple Sclerosis	M	4	—	—	—	—	—	—	—	—	—	2	2	—
	F	4	—	—	—	—	—	—	—	1	5	2	2	—
B46 (5) Other Diseases of Nervous System	M	23	—	2	—	1	1	1	2	2	2	7	4	4
	F	16	—	—	—	—	—	—	—	—	—	5	5	5
B26 Chronic Rheumatic Heart Disease	M	28	—	—	—	—	—	1	1	4	6	10	7	7
	F	37	—	—	—	—	—	—	—	4	13	8	14	14
B27 Hypertensive Disease	M	66	—	—	—	—	—	—	—	3	11	18	30	30
	F	65	—	—	—	—	—	—	—	4	3	11	47	47
B28 Ischaemic Heart Disease	M	713	—	—	—	—	3	12	73	156	239	230	230	230
	F	437	—	—	—	—	—	2	10	47	124	254	254	254
B29 Other forms of Heart Disease	M	147	—	—	—	—	—	—	7	13	38	89	89	89
	F	204	—	—	—	1	1	1	3	8	38	152	152	152
B30 Cerebrovascular Disease	M	324	—	—	—	—	4	5	10	38	100	167	167	167
	F	452	—	—	—	1	2	2	10	27	89	321	321	321
B46 (6) Other Diseases of the Circulatory System	M	92	—	—	—	—	1	1	4	10	37	39	39	39
	F	114	1	—	—	—	—	2	2	9	19	81	81	81
B31 Influenza	M	25	—	—	—	—	1	1	—	2	10	10	10	10
	F	22	—	—	—	—	—	—	1	2	7	12	12	12
B32 Pneumonia	M	163	1	2	1	2	2	2	3	9	33	107	107	107
	F	165	1	5	1	—	—	4	4	9	32	107	107	107
B33 (1) Bronchitis and Emphysema	M	187	—	3	—	—	1	—	7	29	72	75	75	75
	F	38	—	—	—	—	—	—	4	4	11	18	18	18
B33 (2) Asthma	M	6	—	—	—	—	—	1	1	2	1	—	—	—
	F	8	—	—	—	—	2	—	2	1	—	—	—	3

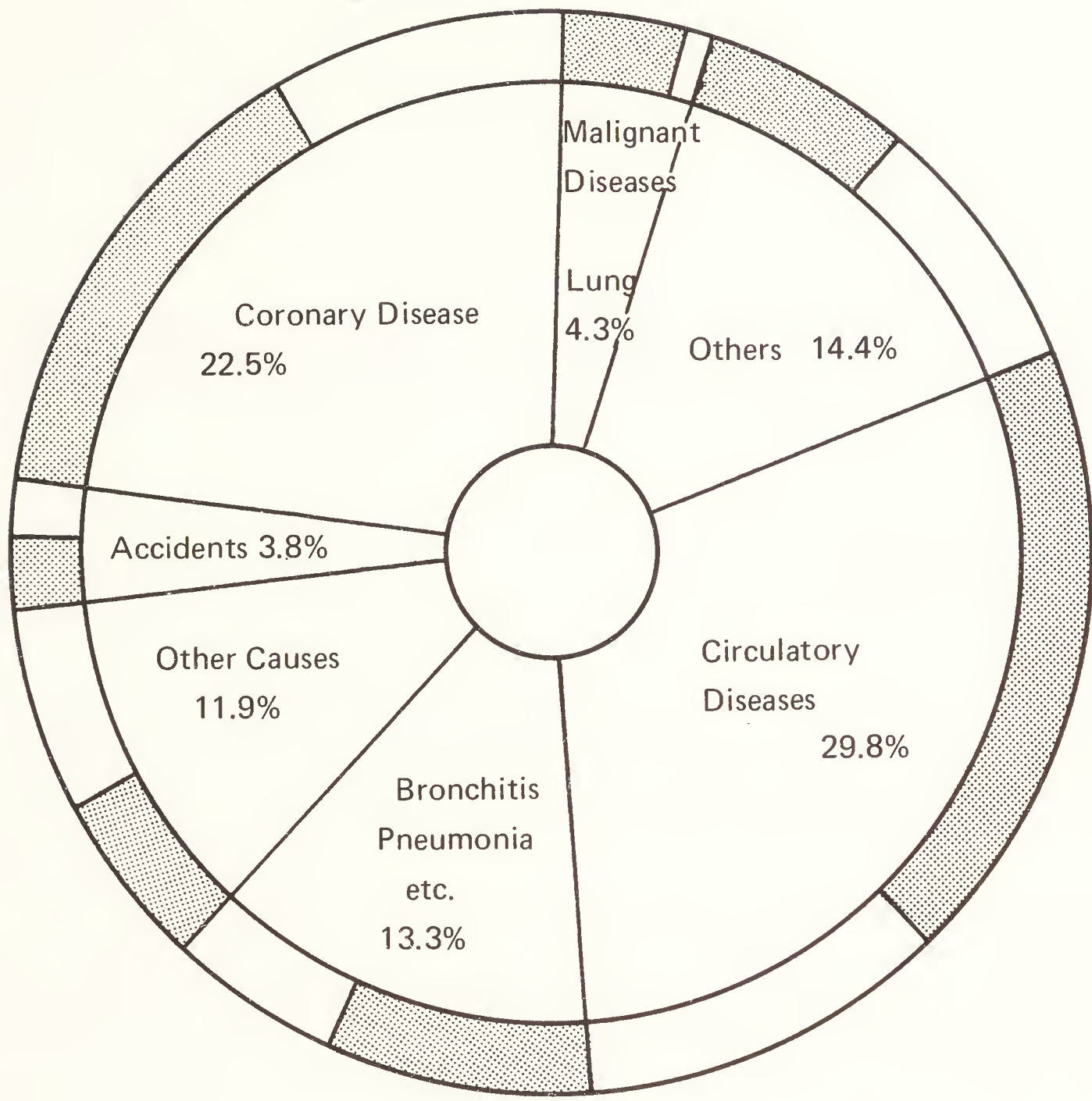
CAUSES OF DEATH (Continued)

Cause of Death	Sex	Total all Ages	Under 4 weeks	4 weeks & under 1 Year	Age in Years								75 and Over
					1—	5—	15—	25—	35—	45—	55—	65—	
B46 (7) Other Diseases of the Respiratory System	M	34	1	5	1	2	—	—	1	3	3	14	4
	F	20	—	3	1	—	1	—	1	—	4	2	8
B34 Peptic Ulcer	M	31	—	—	—	—	—	—	2	1	5	12	11
	F	11	—	—	—	—	—	—	—	—	3	2	6
B35 Appendicitis	M	1	—	—	—	—	—	—	—	—	—	1	—
	F	—	—	—	—	—	—	—	—	—	—	—	—
B36 Intestinal Obstruction and Hernia	M	6	—	—	1	—	—	—	—	—	—	2	3
	F	15	3	1	—	—	—	—	—	—	2	3	6
B37 Cirrhosis of Liver	M	4	—	—	—	—	—	—	—	2	1	—	—
	F	6	—	—	—	—	—	—	1	—	3	6	—
B46 (8) Other diseases of the Digestive System	M	21	—	—	—	—	1	—	3	1	3	6	2
	F	31	—	1	—	—	1	—	—	2	1	8	7
B38 Nephritis and Nephrosis	M	14	—	—	—	—	—	1	—	5	3	4	1
	F	13	—	—	—	1	—	—	—	3	2	1	3
B39 Hyperplasia of Prostate	M	16	—	—	—	—	2	—	—	—	1	8	7
B46 (9) Other diseases, Genito-Urinary System	M	15	—	—	—	—	—	—	—	1	2	3	9
	F	25	—	—	—	—	—	—	1	2	5	6	11
B46 (10) Diseases of Skin, Subcutaneous Tissue	M	2	—	—	—	—	—	—	—	—	1	—	—
	F	1	—	—	—	—	—	—	—	—	—	—	—
B46 (11) Diseases of Musculo-Skeletal System	M	7	—	—	—	—	—	—	—	—	—	2	5
	F	12	—	—	—	—	—	—	—	—	—	1	8
B42 Congenital Anomalies	M	21	11	6	1	1	1	—	1	—	—	—	—
	F	25	11	2	3	3	1	—	—	—	3	1	1
B43 Birth Injury, Difficult Labour etc.	M	24	23	1	—	—	—	—	—	—	—	—	—
	F	9	9	—	—	—	—	—	—	—	—	—	—

CAUSES OF DEATH (Continued)

Cause of Death	Sex	Total all Ages	Under 4 weeks	4 weeks & under 1 Year	Age in Years									
					1—	5—	15—	25—	35—	45—	55—	65—	75 and Over	
B44 Other causes of Perinatal Mortality	M	13	13	—	—	—	—	—	—	—	—	—	—	—
	F	8	8	—	—	—	—	—	—	—	—	—	—	—
B45 Symptoms and ill defined Conditions	M	20	—	—	—	—	—	—	—	—	—	2	18	—
	F	46	—	—	—	—	—	—	—	—	—	1	45	—
BE47 Motor Vehicle Accidents	M	67	—	—	3	6	20	11	4	6	4	6	7	—
	F	18	—	1	1	2	2	2	1	1	1	4	3	—
BE48 All Other Accidents	M	46	—	—	—	1	4	4	3	5	2	8	19	—
	F	65	—	—	3	—	2	—	2	—	2	8	48	—
BE49 Suicide and self-inflicted Injuries	M	11	—	—	—	—	1	4	1	—	4	1	—	—
	F	5	—	—	—	—	—	2	—	1	1	1	—	—
BE50 All Other External Causes	M	14	—	—	—	—	1	1	2	2	3	3	2	—
	F	8	—	—	—	—	1	—	1	3	1	2	—	—
TOTAL ALL CAUSES	M	2,703	49	27	12	17	32	39	61	194	440	855	977	—
	F	2,414	33	16	18	10	14	24	37	111	258	543	1,350	—

ANALYSIS OF CAUSES OF DEATH



	<div></div> Males % of Total	<div></div> Females % of Total	Total
Coronary Disease	62	38	1150
Malignant Disease — Lung	84	16	223
—Other	43	57	737
Circulatory Diseases	43	57	1529
Bronchitis Pneumonia etc.	62	38	675
Accidents	58	42	196
Other Causes	48	52	607
Total	53	47	5117

PART II: PERSONAL HEALTH SERVICES

HEALTH CENTRES

The County's third Health Centre was opened on 1st June, 1972, at Narborough to accommodate two general practices and accommodation for local health authority functions. Initial problems in the supply of equipment and division of accommodation between the practices were overcome and the Centre quickly became fully operational.

The Health Centres at Syston, Lutterworth and Narborough are now proving highly successful and provide a comprehensive community health care service including general practitioner services and Local Authority services ranging from ante-natal and infant assessment clinics to a chiropody service for the elderly. This success is reflected in the increasing demand for health centres throughout the county.

Building work is scheduled to commence on the Health Centre at Ashby-de-la-Zouch in 1973 for completion in the same year. A further twelve Health Centres are planned for the main population centres in the County. However, in most cases the agreement and acquisition of a suitable site has been the critical factor. At the time of writing sites have been agreed at Barrow-upon-Soar, Countesthorpe, Hinckley (in association with the District Hospital), Kibworth, Market Harborough, Whitwick and Wigston and building is planned to commence on these projects from 1973.

Other Centres are planned for Fleckney, Oadby, Loughborough, Melton Mowbray and South Wigston as soon as sites can be acquired. Purchase of land has also been made for the eventual provision of Centres at Barlestone and Bottesford. Investigations are also being made into the possibility of providing Health Centres at Coalville and in the Groby/Glenfield area. Sites have been earmarked in other areas with the assistance of the County Planning Officer where the population is expected to increase over the next two decades.



Narborough Health Centre



CARE OF MOTHERS AND YOUNG CHILDREN

Ante-Natal Clinics

A reduced number of clinics continue to provide mainly health education, relaxation classes and preparation for motherhood. The medical aspects of pregnancy are dealt with mainly by the General Practitioner, of whom an increasing number have a domiciliary midwife in attendance at their clinics.

Ante-natal clinics

<i>Women attending for:</i>	
Ante-natal examination	667
Post-natal examination	.
<i>Sessions held by:</i>	
Medical Officers	40
Midwives	51

Relaxation Classes

Each class consists of relaxation and exercises in preparation for the confinement, and also instruction in pregnancy, labour, child care and related subjects.

The number of women who attended during the year was 1,646 of whom 1,441 were booked for institutional confinement, and 205 for domiciliary confinement. The total number of attendances was 9,435.

Dental Service

Dental Treatment of Expectant and Nursing Mothers and Pre-School Children

The number of sessions devoted to treatment increased to 82 compared with 38 last year. Although 3.1% of the Authority's Dental Service time was allocated to this aspect of dental care, as compared with 1.8% in 1971, it is still well below the National Average of 6%.

There are approximately 17,000 children aged 3 and 4 years in the county and of these only 156 were inspected during 1972. This gives some idea of the size of the problem.

Efforts have been made to encourage parents to have their young children dentally inspected and treated by means of a special message on schoolchildren's consent forms, and personally by staff. The increased staff and facilities have,

without doubt, contributed to the improvement achieved. However, until even more facilities, together with additional professional staff supported by ancillary personnel, are available, it will be unwise to give further encouragement because of the demands on the service by schoolchildren, which by tradition have taken preference. However, it should be remembered that mothers of very young children are more responsive to advice, and therefore this is the time when good habits of diet and oral hygiene can best be inculcated.

“Children should be introduced to Dentistry at the earliest opportunity and also instructed in oral hygiene practice. Those concerned in the organisation of nursery schools, play-groups or day nurseries must be encouraged to recognise that dental disease in this age group is an avoidable catastrophe.”
(H.E.C. Report 1971)

More expectant and nursing mothers have requested and received treatment as anticipated last year. Again talks have been given to Mothers and Young Wives Groups. As a priority group they have a special place in that motivation exists which should be harnessed, and the emotive experience of pregnancy should be used to increase the expectant mother’s sense of responsibility for her own and her family’s dental health.

Dental Treatment Provided During 1972

	Children under 5	Expectant and nursing mothers	Adult sub-normals
First Visits	136	25	55
Total Visits	351	128	187
Fillings	205	117	70
Extractions	170	22	88
General Anaesthetics	35	1	13
No. of Dentures Fitted	1	5	13
Scalings	22	18	53

Dental Treatment of Adult Sub-normal Patients

This has continued to be provided for those attending the Desford and Mountsorrel Adult Training Centres at Coalville and Loughborough Clinics respectively. The number of fillings and extractions has remained constant but scalings and, regrettably, the need for dentures has increased. The oral hygiene of handicapped people is usually of a low standard and every assistance and advice should be given to those responsible for their supervision. Mechanical aids, such as automatic toothbrushes may be of use in some cases and consideration should be given to their provision to institutional and non-institutional patients alike. The prevention of dental decay and periodontal disease is especially important for handicapped people in order to prevent additional suffering and inconvenience.

Maternity Outfits

During the year 1,373 standard outfits, each with a bottle of suitable antiseptic, were issued by the Department; a decrease of 295 from the previous year. Some 2,211 modified outfits were issued for use in cases discharged from maternity hospital up to three days after confinement; an increase of 105 on 1970. The figures illustrate the continuing trend of previous years away from domiciliary deliveries to hospital confinement with an early discharge.

Family Planning

The County Council continued to use the Family Planning Association as its agents to provide family planning services. During the year the City clinic, used by a large number of county patients, moved from East Street to spacious new purpose built quarters in the St. Peter's Health Centre, Sparkenhoe Street. Other clinics in the county at Hinckley, Loughborough, Market Harborough and Melton Mowbray continued to function.

The Coalville Research Project

In February the Secretary of State for Social Services provided £50,000 for research into Family Planning, to be carried out by the Family Planning Association, commencing in April for a two year period.

The aim of the research was to provide and assess the results of a comprehensive service for a specified community and to define the role of a Family Planning Service in the re-organised National Health Service. The project was to be confined to two urban areas of reasonable size in England, which were not part of a conurbation and where the population is classified by the Registrar General as predominately social class IV and V (semi-skilled and un-skilled occupations). The selection of Coalville was particularly appropriate as there were no Family Planning facilities provided by the County Council.

The intention of the service was to provide a comprehensive service comprising a full birth control service, including IUD, domiciliary family planning, vasectomy, a pregnancy testing service, a Youth Advisory Service and a non-medical Advisory and Information service. A pregnancy advisory service and termination of pregnancy was not included. Free consultation and supplies were to be restricted to medical cases i.e. "any woman whose health in the opinion of the examining doctor would be expected to suffer by the increased mental, physical or social burden placed on her by pregnancy". For non-medical cases the patient would pay for supplies, consultation only being free.

A Family Planning Information Centre was opened in shop premises in the new shopping precinct and is operated every week day and two evenings per week (8.30 p.m. closing). A clinic is held on two evenings and one afternoon each week.

The project has attracted attention locally, nationally and even internationally. Some local opposition, based on religious grounds soon became evident and was duly expressed. However, the demand for the service has been considerable and it is encouraging that talks at meetings and discussion groups are

still being requested. Facilities for vasectomy became available towards the end of the year for which there has been a significant demand.

It is still too early to assess the success of the project, which in any event is being monitored and evaluated by P.E.P. However, there can be little doubt that a very useful service is being provided and the staff of the Family Planning Association are to be commended for their valuable work in this project.

<i>Statistics</i>				
	New Patients	Total patient visits	Doctor sessions	Cervical smears
Coalville	291	682	70	224
Hinckley	136	647	38	98
Leicester	1,028	8,500	472	2,188
Loughborough	278	2,107	94	441
Market Harborough	77	765	49	155
Melton Mowbray	44	243	30	42
TOTAL	1,854	12,944	753	3,148

Deafness in Young Children

The work of the Pre-School Audiology Clinics has continued during the year. Details of Clinics held and Children attending are given below.

<i>The Work of the Pre-School Audiology Clinics, 1972</i>						
	St. Martins Leics.	Lough borough	Hinckley	Market Harbor ough	Melton Mowbray	Coal ville
Numbers of Clinics held	43	24	19	7	14	22
Number of Children attending	202	95	77	24	56	90
Number of Pre-School E.N.T. Clinics	11	.	.	.	.	.
Number of Children attending	111	.	.	.	.	.

Comprehensive Screening Scheme

During recent years it has become increasingly important to find all handicapped children at as early an age as possible because many potentially handicapping defects are now known to be amenable to treatment if given promptly and in the right conditions. Of particular importance are sensory defects

of vision and hearing and factors affecting mental development, because of their specific significance in regard to education.

For some years the Health Department has maintained a register of cases considered to be at risk and in need of observation. Under this procedure children regarded as "at risk" of having a handicapping condition in the light of family history, ante-natal, peri-natal, post-natal factors or on the basis of reports by midwives and health visitors were registered and followed up. A re-appraisal of the procedure has disclosed that a high percentage of older children, now considered to be handicapped, were not known to the Health Department at the time and therefore, had not been included in the "at risk" register despite meticulous work by all staff involved. For example, in the case of deafness, it has been found that, whereas children tested from the "at risk" group provide a high yield of defects for the number of children examined, the system does not identify all hearing impaired children. In fact at least one third of children with hearing defects might be expected in the non-selected group. Other Local Authority Health Departments have experienced similar problems. Clearly, a change of procedure is indicated and accordingly efforts have been directed at improving the screening and diagnostic service.

A comprehensive developmental screening of all children at the age of 8 months, i.e. at a time when very many potentially handicapped conditions first become detectable has therefore been implemented. The new scheme started for all children born on and after January 1st, 1972. From that date the computer processed all new births. These children are then invited at age 8 months to attend one of 26 designated centres where two health visitors carry out the appropriate developmental (progress) tests including a simple hearing test, which should indicate any deviations from normal. Any child failing the test will be seen subsequently by a Local Authority Medical Officer for further investigations and possible specialist referral.

The advantage of the proposed scheme is that the whole infant population will be screened and it is hoped that all abnormal conditions will be diagnosed at an early stage of development. The arrangements are such that the initial inspections take place locally and only those cases requiring further assessment will be presented by our staff to the multi-disciplinary case conference at the proposed Paediatric Assessment Centre at the Leicester Royal Infirmary. The scheme is also designed to complement the services provided by the Local Education Authority for the Deaf and Partially Hearing. Health Visitors have attended in-service training courses and have become familiar with the relevant testing techniques.

The results of the first three months in which the scheme operated show that 96.8% of children born in 1972 and eligible for testing, attended screening clinics. Twelve children were referred for further audiology assessment and one child has been found to have significant hearing loss. In all, 480 children failed the initial developmental screening, necessitating the health visitor to carry out further assessment at the child's home. Only a very small number of these cases are expected to be referred to Development Clinics.

Children suffering from Congenital Malformations – Livebirths

Central Nervous System	28
Eyes and Ears	11
Alimentary System	19
Heart and Circulatory System	9
Respiratory System	4
Urogenital System	25
Limbs	41
Other parts of Musculo-Skeletal System	12
Other Systems	29
Other Malformations	19
Male	88
Female	68

Total malformations in above

Male	102
Female	95

Children suffering from Congenital Malformations – Stillbirths

Central Nervous System	19
Eyes and Ears	.
Alimentary System	.
Heart and Circulatory System	.
Respiratory System	.
Urogenital System	.
Limbs	1
Other parts of Musculo-Skeletal System	1
Other Systems	.
Other Malformations	.
Male	5
Female	11

Total malformations in above

Male	7
Female	14

Termination of Pregnancy

Since the Abortion Act came into effect in 1968 the number of legally induced abortions in County Residents has increased rapidly. While it is still too soon to draw firm conclusions from the data available it is apparent that the abortion rate in Leicestershire is considerably lower than the national rate. It is also interesting to note that while the largest increases nationally were in the single and 16-19 years of age, catagories, the largest increases in the county were in the married and 20-34 years of age, categories. This appears to reflect the general difference between urban and predominantly rural areas which is indicated in the national statistics issued in the Registrar General's Statistical Review.

Legally Induced Abortions, County Residents

		Admin. County Residents		
		1969	1970	1971
<i>Marital Status</i>				
Married		113	213	374
Single		146	220	267
Other		16	41	59
<i>Age</i>				
Under 16		10	17	14
16-19		54	101	156
20-34		142	242	378
35-44		64	102	143
Over 44		1	2	3
Not stated		4	10	6

Place of Operation

<i>County</i>				
N.H.S. Hospital		141	168	211
Non N.H.S.		1	-	20
<i>Non-County</i>				
N.H.S. Hospital		39	35	36
Non N.H.S.		94	271	433
Total		275	474	700

Percentage Increases in Abortions 1970-71

	County Residents %	England & Wales %
Married	75	21
Single	21	27
16-19 years	54	34
20-34 years	56	23

National Surveillance of Congenital Rubella Defects

Two deaf children and their mothers had blood examinations for the above purpose. The results proved that one of these had indeed contracted the disease during the mother’s pregnancy.

Child Abuse Syndrome

Unhappily it has to be reported that yet again babies and young children in the County have been deliberately battered by their parents. Seven such cases have been recorded and in an additional twenty children there were well founded suspicions that the sustained injuries were not accidental.

Scrutiny of individual children supports the impression that many of them belong to “problem” families where cases of abuse can be expected to be higher than average. These instances are particularly tragic because the battering should have been foreseen but could not be prevented. It would also appear that parental youth is a contributing factor although immaturity and inexperience in both parents do not of course on their own lead to deliberate damage of the baby. In this group of parents unintentional accidents are the more frequent cause of damage and here Health Visitors fortunately are in a position to prevent many tragedies. There are however certain very young parents with whom perhaps rebellion against authority takes the form of deliberate non-compliance with Health Visitor advice and an apparent accident is in fact a disguised form of abuse.

The term “Child Abuse” has up to now not included any damage other than physical injury. However it is increasingly evident that some mothers, including a small number in the County, do in fact deliberately withhold food from certain children. Such cases present as malnutrition and usually come to the attention of a Paediatrician with a diagnosis of “failure to thrive”. On admission to hospital the weight of such starved babies goes up dramatically without any treatment other than feeding, only to be arrested or to fall again when the child returns home to the mother. Clearly any hope of prevention lies in an increasing awareness of this type of child abuse. Such families are often more difficult to deal with than those where overt damage occurs. In all child abuse cases the team of professionals concentrate on working with the whole family including grandparents and older children. The

root cause of psychological malfunction must be diagnosed first if treatment is to be successful. Every effort is made to contain the baby within the family or, if it has to be removed, for care to ensure an early return home. Management of cases not infrequently involves Court proceedings. Parents might voluntarily agree for a child to be taken into care and to accept a placement with foster parents but as they retain their right to remove the baby from the foster home whenever they so desire parents might insist on exercising this right long before they are psychologically ready to manage coping with the stresses this child presents to the family - with possible disastrous results.

Unfortunately the Courts do not always appear to appreciate the dangers inherent in such dispositions. It is not sufficient for magistrates to issue supervision orders imposing a duty on the Caring Team to visit the home and keep the case under careful supervision — this would be done in any case. No team can undertake to guard a child at all times and stresses leading to deliberate damage occur often at night or weekends. Legal separation of the child from its parents unfortunately may be the only way in which further damage can be prevented. Whilst it is of interest to note how well magistrates accept that separation from parents is damaging to a child's mental health, greater hazards of physical damage may ensue in those special cases where an abnormal child/parent relationship exists and Court Orders should take these special circumstances into account.

It is to be hoped that constant vigilance, particularly by Health Visitors, will help to prevent such tragic cases occurring in the future.

Child Health Centres

There has been little change in the facilities available for Child Health Clinics. As in previous years by far the majority of sessions were held in sub-standard premises. A survey was carried out this year to assess the adequacy of individual premises when Health Visitors were requested to give a three point rating on all important items. Fortunately it was found that drastic action was called for in only a very small number of instances including cases where alternative accommodation would not be available in the foreseeable future.

The majority of premises fortunately can be improved by relatively minor alterations such as improved heating and lighting. Standards of cleanliness also need constant supervision and additional caretaker/cleaner time requested. However the desirable solution in the majority of cases lies in the rapid implementation of the Health Centre programme and the use of purpose built General Practitioner surgeries wherever suitable. Village halls and scout huts may well be suited to social activities but are unlikely to provide ideal Child Health Centres. The relevant table shows the types and numbers of clinic premises available.



Staff Training for Developmental Screening Clinics

Child Health Centres

	1971	1972
Health Centres	1	3
Purpose built Clinics	7	7
General Practitioners' Surgeries	6	8
Village Halls, etc.	71	69
Total	85	87

The change of emphasis in the type of work carried out in Child Health Clinics initiated last year, has continued as planned and the roles of Health Visitor and Medical Officer respectively have become more clearly delineated. Health Visitors have continued with traditional advisory/preventive work but Medical Officers now concentrate much more on the examination of babies and children only at certain key ages. The computerised developmental hearing/screening programme for all eight month old babies has made it possible for Medical Officers to use their skills more specifically on children with likely defects who have failed some aspects of the screening procedure. The preventive care programme for all children is of course aimed at the earliest possible diagnosis of deviation from the norm. It includes a medical examination at six weeks (by Clinic or family Doctor), a Health Visitors' screening examination at eight months and two further routine medical examinations at the ages of about two and four years. All children will thus be seen routinely by a Health Visitor or Doctor four times before school entry. Clearly the aim of preventive work of this kind must include 100% of the relevant child population. This has in fact been practically achieved with the eight month old babies where 97% attended screening clinics in the first three months of this scheme, the remaining 3% being visited at home. Similar computerised screening schemes will eventually be devised for the key ages of 2 and 4 years where in addition to general physical development, possible defects of speech/language and vision should be excluded. It is intended to extend the present programme in this way but it will be much harder to persuade mothers to attend screening sessions with an older child. Medical Officers at Child Health Clinics will then no longer see any child routinely at all but will examine only those children who have failed the screening test at key ages. It is expected that in this way Medical Officers' time will be used to the greatest advantage.

Clinics were staffed as in previous years by Medical Officers employed part or full time by the Health Department and by family Doctors employed on a sessional basis. It will be noted that sessions conducted by the latter have increased over those by Medical Officers. The reason can be found in the unfortunate prolonged

periods of sickness of two departmental Medical Officers. The table dealing with the number of clinical attendances shows yet again a slight rise for the older child with an overall increase of the total. This possibly reflects increase of numbers of births rather than improved attendance rates and is not likely to be indicative of a trend.

<i>The Number of Sessions held during the year</i>			
	1971	1972	
By Medical Officers	724	502	
By Health Visitors	969	924	
General Practitioners employed on a sessional basis	605	769	
Totals	2,298	2,195	

<i>The Number of Children attending during the year</i>			
	1971	1972	
Aged under one year	6,296	6,222	
Aged under two years	5,007	5,778	
Aged between two and five years	5,287	5,967	
Totals	16,590	17,967	

Welfare Foods

Welfare foods are distributed through County Council premises, Post Offices, shops and private homes. The Women’s Royal Voluntary Service deal very efficiently with distribution in urban areas. The Child Health Centres are, of course, major distributors for the department.

<i>Issues over the last four years</i>				
	1969	1970	1971	1972
Dried Milk, tins	20,133	16,315	14,224	12,666
Orange Juice, bottles	106,391	128,592	128,240	49,998
Cod Liver Oil, bottles	4,706	4,808	3,138	659
Vitamin A & D tablets, packets	7,694	8,742	6,472	4,541
Vitamin drops, bottles	.	.	5,931	14,454

NURSING SERVICES

Major changes have taken place in the management of the nursing services during 1972. The recommendations of the Mayston report on management in Local Authority Nursing Services have been implemented following approval of the proposed structure by the Department of Health and Social Security. The result of this restructuring has been the integration of the management of health visiting, nursing and midwifery services on a geographical basis, as opposed to the previous functional type of administration.

Mrs. Marian K.E. McCarthy was appointed Director of Nursing Services from 1.5.72 and Miss S.M. Pearce and Mrs. G.J. Grove were appointed Divisional Nursing Officers from 1.10.72.

Area Nursing Offices have been established in Loughborough, Melton Mowbray and Hinckley with an Area Nursing Officer responsible for the operational control of the nursing, midwifery and health visiting services in each area. Fifteen nursing officers were appointed, completing the management team, each responsible for the co-ordination of the work of a group of field staff. There were three significant specialist appointments during the year, that of Mrs. M. Damant as Community Health Teacher and that of Miss J.A. Heward as Research Officer. Miss D. Laming was appointed Specialist Health Visitor for Handicapped Children, with a special responsibility for children attending the Paediatric Assessment Centre, soon to be opened at the Leicester Royal Infirmary.

Two of the senior nursing staff left the department during the year. Miss Sylvia M. Wright, County Nursing Superintendent left on June 1st to take up an appointment as Director of Nursing Services in Salford, and later to the combined Directorship of East Suffolk and Ipswich, and Mrs. Ellen C. Hill, Deputy County Nursing Superintendent retired on 20th May. Each occasion was marked with a presentation on behalf of friends and colleagues, and we wish Miss Wright happiness and success in her new appointment, and Mrs. Hill a very long and happy retirement.

Home Nursing

Staffing

Staffing position at 31st December, 1972.

	In Post	Vacancies	Resigned	Appointed
District Nurses S.R.N.	141.0	5.5	23.0	23.5
“ “ S.E.N.	21.5	1.5	6.5	17.0
Auxiliary Nurses	13.0	1.0	5.5	9.0
Night Nurses S.R.N.	5.5	2.5	(5 PT.)	(22 PT.)

The figures do not give an entirely accurate impression of the staffing situation, since the appointments and resignations include those people who have transferred from part-time to full-time and vice versa. The staff who were appointed as nursing officers from field worker grade are also shown as resignations. Of the Auxiliaries who resigned, four had been encouraged to seek training as State Enrolled Nurses, so that their obvious natural skills could be developed.

Night Nursing Service

The service, which commenced in June, 1971, has expanded during this year, proving itself a most valuable extension of community care. Late night nursing is now available from staff on duty each night in the following areas: City Boundary, Coalville, Loughborough, Melton Mowbray and Syston.

It is hoped to commence a service from Hinckley, Lutterworth and Market Harborough in January, 1973. This will ensure the provision of care throughout the County. The co-operation of the County Ambulance Officer in making an office base available at ambulance stations, has made possible the establishment of the service and this co-operation is greatly appreciated by the nursing staff.

The staff employed in the night nursing service are all engaged on a part-time basis so that the actual establishment is fully utilized by the maximum number of personnel.

Following evaluation of the pilot schemes in Loughborough and around the City border, the night nursing service was modified so that nurses worked from 20.30 hours to 00.30 hours, and were then 'on call' for emergency visits. Patients requiring a second visit are visited by nurses on a rota basis. In this way it will be possible to provide cover for the entire County some three years before this had been anticipated. This service is thought to be the only one of its kind operating in a rural area, and has stimulated comments in national and nursing press. The scheme has also attracted interest from other Authorities. Senior nursing staff have described the system by invitation at professional courses.

The night nurses have become an invaluable part of the community care team. They provide continuity of care to acutely ill and terminally ill patients, maintaining the comfort and morale of these patients and wherever possible

preventing deterioration in the patients condition. Support is given to the relatives of dying patients, and many acknowledgements have been made to the nurses for their assistance at such times.

The night nursing service has also made it possible to rationalise the working hours of full-time staff, who are now relieved of the majority of their late evening and night time calls.

Attachments

The attachment of nurses, midwives and health visitors to General Practitioners is now accepted as the rule, with a small number of staff on the periphery of the City of Leicester being the only ones not attached. This is due to the fact that many patients in the residential border areas attend City General Practitioners, with consequent difficulties in allocating the cost of nursing services. It is anticipated that such problems will disappear when reorganisation of the health services occurs in April, 1974, when the hospital and community nursing services will be integrated. The four pilot schemes set up in 1971, where staff are, in fact, attached and cross the City border to provide nursing care to the patients of their respective General Practitioners, continue to operate well, and will be maintained.

Training

The Authority continued its programme of District Nurse Training for State Registered Nurses with courses beginning in January and September. This training was extended in September to include State Enrolled Nurses for the first time. We are indebted to Mrs. Ellen Hill for the amount of time and effort she has given to the training school, and for the excellent results she has achieved. Our 100% pass rate in the National Certificate in District Nursing examination has been maintained, 21 students being successful during 1972.

Demands made upon the Authority by outside agencies for training experience have continued to increase, and students undergoing a wide variety of training, to whom community experience is necessary, have been welcomed for various types of training programme. The numbers of such students have at times stretched the resources of fieldstaff, and care has to be taken to ensure that patient care is not adversely affected by heavy training commitments.

In-Service training continued on an ad hoc basis, on important and topical subjects.

With the increase in the number of home dialysis units in the area arrangements were made for four District Nursing Sisters to spend two weeks at the Renal Dialysis Unit at Cambridge Hospital.

The isolation of the Australia Antigen and subsequent incidents of infection within risk groups in various parts of the country, was the cause of some concern, and Dr. Helene Mair, from the Public Health Laboratory, was invited to talk to the staff on this subject on two occasions. Each talk was followed by the nurses' report from their two week study period at Cambridge.

Management Training

The effective deployment of expensive and scarce resources in the community is dependent upon efficient management, and the Health Department has, during the year, commenced an intensive programme of management training for staff appointed to managerial posts, and for field workers. Discussions were held between Health Department staff, and representatives of the Sheffield Regional Hospital Board, the Local Executive Councils, the City of Leicester, and the Leicester Polytechnic, to design a course for staff in middle management posts, on a multi-disciplinary basis. The first such course was held at the Leicester Polytechnic during April, followed by courses in October and November. Eight members of the nursing management team have so far attended, and evaluation of the course to date has been very favourable.

In recognition of the management content and responsibility in the role of the fieldworker in community nursing services, three day courses in basic management principles and the effect on the individual of the implementation of the recommendations of the Mayston report, were commenced in May. These courses are organised by the Leicester Polytechnic staff, in conjunction with the Director of Nursing services. Course members come from each branch of the nursing services and valuable discussion and interaction has taken place between the various disciplines. We were very pleased to include staff from Rutland in these courses, and their contributions gave an insight into the advantages and disadvantages of being part of a small organisation. Staff reaction to these courses has been very favourable, and interest in management has been stimulated. A basic understanding of the principles of the Mayston Report, has undoubtedly facilitated the implementation of the recommendations.

Nursing Workload

<i>Table 1. Home Treatment by all members of staff</i>					
	1968	1969	1970	1971	1972
No. of patients (including night Nursing)	10,298	13,952	14,615	14,470	16,861
No. of visits (excluding night nursing)	197,760	240,870	238,235	258,701	267,015

Of the 16,861 patients attended in their own home by Nursing Staff, 11,185 were medical cases and 5,676 were surgical cases. The range of patient care continues to be very wide extending from acute to chronic conditions and including all age groups (see Table 1). The increased involvement in surgery duties through closer liaison with general practitioners has further extended the skills and interests of nursing staff.

Table II. Patients and sessions at surgeries

		1971	1972
Other than Imm. & Vacc. and ante-natal	Sessions	N/A	5,968
	Patients	25,558	28,492
Immunisation and Vaccination:	Sessions	1,457	5,968
	Patients	25,887	20,418
Ante-Natal care:	Sessions	2,785	3,041
	Patients	28,700	31,092

Comparison of the numbers of patients attended in the 0-5 years and 65 years and over, ranges provides some interesting information. Visits to babies and children under 5 show an increase of 44% on 1971 figures. This is a most gratifying trend, as, with no gross increase in the number of sick children in the area, there has been an increased acceptance of the role of the district nursing sister in paediatric care. This must have brought immeasurable benefits to the emotional and physical well-being of the sick children nursed in their own homes, and so spared the trauma of separation from parents and home environment.

At the other end of the scale, the figures are equally interesting. There has been an increase of 58% in the number of patients over 65 years of age seen. Visits to elderly patients are usually very demanding in terms of time and physical effort, but one hopes that the work done in this field has, with support from health visitors and social services where appropriate, helped to maintain many elderly patients in their own homes for as long as possible. A great deal of the care given to the elderly has been possible because of the invaluable support from State Enrolled Nurses and Auxilliary Nurses as the overall increase in work has been achieved without addition to the establishment of State Registered Nurses.

The volume of work undertaken by the community nursing services has undoubtedly been influenced by an increased referral rate from General Practitioners, and by the general lack of hospital bed provision in the area, especially in the geriatric speciality.

Table III. A Comparison of Cases and Visits (special age groups)

		1968	1969	1970	1971	1972
Patients 65 and over at first visit	Cases	5,034	6,401	7,534	5,356	8,463
	Visits	129,375	150,873	188,350	156,720	183,590
Patients under 5 at first visit	Cases	840	1,103	1,172	990	1,426
	Visits	3,914	3,832	4,688	5,153	4,172

Health Centres

The number of staff engaged in working from a health centre has increased during the year as the Centre at Syston continued to operate as a working base for the staff attached to the two group practices working from the premises. The Centre at Lutterworth has been operational since the beginning of January, but is providing treatment facilities for fewer patients than at Syston owing to the more rural area, and the close proximity of the local hospital, which still maintains first aid and nursing treatment facilities. The Health Centre at Narborough was opened on 1st June, 1972, and the pattern of work being established by the nursing sisters working from the premises follows that of the other two Centres. One major factor has become apparent, namely that the staffing ratios recommended by the Department of Health and Social Security in respect of community nursing services, is in no way adequate when staff work from Health Centres. This would appear to be because of the necessity to cover the Centre during the surgery times of the General Practitioners, and at other times for the purpose of nursing treatments, ante-natal clinics, etc.

However, the improved facilities for patient care and more convenient working conditions for staff have enabled nursing staff to cope with the increased demands made upon them whilst working in Health Centres.

Marie Curie Services

The Health Department staff have continued to administer the Marie Curie Day and Night Nursing Service. During the year, 59 patients suffering from a malignant disease have been attended. This most valuable service is covered by nurses who respond to calls for assistance at very short notice, and bring comfort to patients and support to relatives at times of great stress. Many financial contributions to the Marie Curie fund have been received, sent by relatives, in acknowledgement of the care given by nursing staff.

County Hall Medical Unit

The County Hall Medical Unit continues to provide first aid cover for staff and visitors.

No. of patients seen	232
Males	96
Females	136

In addition to first aid, medical inspections are carried out in the unit for a variety of purposes including superannuation and the issue of Heavy Goods Vehicle licences. The issue of vaccine to general practitioners is controlled by the unit nursing staff, who also assist in special clinics such as those for cervical cytology and enuresis.

Midwifery

Staffing

Staffing position at 31st December, 1972.

	In Post	Vacancies	Resignations during year	Appointments during year
Whole time Midwives	19.0)	5.5	5.	5.5
District Nurse/Midwives	56.5)		18.5	20.

As a result of an increase in the number of maternity beds available in the Area, the number of confinements taking place at home has progressively reduced. Of the total number of institutional confinements, only 863 patients remained in hospital after the seventh day, following delivery, the remaining mothers and babies being discharged to the care of the domiciliary midwives.

There has been increasing midwifery involvement with General Practitioners in the provision of Ante-natal Care and a marginal increase in Domiciliary Midwife involvements in G.P. Unit confinements. Close liaison with Nuneaton Maternity Hospital has continued and 29 patients were safely delivered there by Leicestershire Midwives. Our link with Ashby Maternity Hospital was re-established late in the year, after the appointment of additional midwives to the area. Midwives attached to General Practitioners with patients over the County Boundary continued to give maternity care and 5 home confinements over the border were conducted by county midwives.

Radio Communications

An extensive survey of the area has been carried out during the year and a sophisticated radio communication system devised. An experimental scheme has been commenced in the Hinckley area which has so far been most useful in facilitating contact with the midwives working in the area.

A tender for a radio communication system was accepted by the Health Committee and an order for the equipment placed in September.

Delivery of the radios is dependent upon the manufacturer and the setting up of the system depends upon the acquisition of the necessary air channels by the General Post Office. However, it is hoped that the system will be operational during the Spring of 1973, and is eagerly awaited.

Training and Post Graduate Courses

Ten midwives attended post graduate courses according to Rule G.1 of the Central Midwives Board. The courses provided served to stimulate the interest of midwives attending and due to the established practice of "Reporting Back" to a

group of colleagues, stimulation of interest in new theories or practices was shared and multiplied. Three midwives returned to the practise of midwifery after an absence of several years, following a practical and theoretical refresher course of one month's duration at the Leicester Royal Infirmary Maternity Hospital.

The programme of Community Care Training for student midwives negotiated with Leicester Royal Infirmary Maternity Hospital during 1971 was consolidated and two schools each of three month's duration enjoyed study days in County Hall. During the year practical instruction and supervision was provided by County Domiciliary Teaching Midwives for eleven pupil midwives.

Statistics

<i>Table 1. Confinements to County Residents 1968-1972.</i>					
	1968	1969	1970	1971	1972
Institutional Confinements	6,310 77,2%	6,443 79%	6,743 81.3%	7,221 85.3%	8,092 89.8%
Domiciliary Confinements	1,874 22.8%	1,712 21%	1,551 18.7%	1,246 14.7%	877 10.2%

<i>Table 2. Cases delivered in Hospital, discharged and attended by Domiciliary Midwives.</i>					
	1968	1969	1970	1971	1972
Patients	5,087	5,292	5,707	5,835	6,245
Visits	30,953	33,073	33,582	34,071	38,906

As more hospital maternity beds have been made available the number of confinements taking place at home has progressively reduced. Of the total number of institutional confinements, only 863 patients remained in hospital after the seventh day following delivery, the remaining mothers and babies being discharged to the care of the domiciliary midwives.

Table 3. Confinements in County Institutions, 1972

	County Cases	Non-County Cases	Total
Ashby and District Hospital	423	92	515
Kirby Muxloe, Roundhill Maternity Home	835	258	1,093
Loughborough General Hospital	260	4	264
Lutterworth Cottage Hospital	119	3	122
Market Harborough and District	214	69	283
Melton Mowbray St. Mary's Hospital	545	19	564
Totals	2,396	445	2,841

Table 4. Confinement of County Cases in Institutions Outside the County in 1972

Burton-on-Trent, Andressey Hospital	44
Coventry, Maternity Hospital	26
Derby City Hospital	152
Derby, Queen Mary Maternity Home	26
(General) Grantham Hospital	28
Harborough Magna, St. Mary's Hospital	92
Kettering, St. Mary's Hospital	58
Leicester Royal Infirmary Maternity Hospital	2,233
Leicester General Hospital	769
Leicester, St. Francis Private Hospital	139
Leicester, Westcotes Maternity Hospital	74
Nottingham, Women's Hospital	102
Nuneaton Maternity Hospital	764
23 Hospitals with less than fifteen Confinements of Leicestershire Patients	128
Total	4,635



Staff Training for Developmental Screening Clinics

Health Visiting

Personnel

The staffing position at the end of 1972 was as follows:-

Group Advisers	5
Field Work Instructors	5
Specialist H.V. Diabetics	2
Specialist H.V. Paediatrics	1
Specialist H.V. Research	1
Social Worker V.D. Contact Tracer	1/3
F.T. Health Visitors	48
H.T. Health Visitors	7
State Enrolled Nurses	13

During the year four students qualified as Health Visitors and were appointed to the full-time staff. Four students were sponsored for training, three entering the Leicester Polytechnic and one the Oxford Polytechnic.

One Specialist Health Visitor (Paediatrics), one Specialist Health Visitor (Research), one Field Work Instructor, five full-time and two half-time Health Visitors were appointed. Three full-time Health Visitors left the service and one part-time Health Visitor retired. There were one full-time and one part-time vacancies at the end of the year.

The establishment of State Enrolled Nurses to assist Health Visitors was increased by six, who were quickly recruited, only one leaving the service during the year.

A presentation was made by Dr. D. Koffman and Mrs. M. McCarthy to Mrs. R. Whytock who retired after many years service in the Leicester Forest East and Desford areas.

Professional Education

Mrs. B.M. Williams, Adviser in Health Education organised two periods of in-service training at County Hall, one for a group of Health Visitors and another for State Enrolled Nurses assisting Health Visitors.

The course for Health Visitors consisted of one session a week over a period of six weeks, and was designed to provide them with a basic knowledge and understanding of Health Education techniques necessary for teaching children in schools and for groups of adults.

The course for the State Enrolled Nurses consisted of one session daily for one week and was designed to give them knowledge of the function of the Health Department within Local Government Organisation, introducing the proposed re-organisation and setting up of Area Health Authorities in 1974, the function of the Health Visitor and their own work as assistants to them. Special emphasis was given to observation of the school child.

Mr. D. Harrison and Mrs. P. Carr, Teachers for Partially Hearing Children gave a course to six Health Visitors in Audiology Assessment. Ten sessions were held consisting of lectures held at County Hall, clinical experience at the Audiology Clinics and Child Health Centres, and a special visit to Stoneleigh School for the Deaf in Leicester. Mr. Harrison also arranged refresher sessions at Child Health Clinics for Health Visitors who had taken this course previously. There are now a total of fourteen Health Visitors trained for this specialised work.

One Group Adviser Health Visitor was granted seven months leave of absence to take a Diploma Course in Management Studies at the Leicester Polytechnic subsequently gaining the Diploma after examination.

In the Mayston Report on the re-organisation and staffing structure of the nursing services, management courses were advised for all staff. Arrangements were made for suitable courses to be approved and implemented for each grade of staff, continuing until all members of staff had attended. Consequently two Group Advisers attended a one month multidisciplinary Middle Management course at the Leicester Polytechnic held towards the end of 1972. Minor Management courses were arranged for the field staff consisting of three-day periods of in-service training held at County Hall. Lectures were arranged and given by the Leicester Polytechnic staff responsible for Management Studies, the Medical Officer of Health and the Director of Nursing Services. Two such courses were held towards the end of the year. Ten Health Visitors attended together with their colleagues in the field of Home Nursing and Midwifery.

One Health Visitor completed a six week course for Field work Instructors at Sheffield Polytechnic and is subsequently practicing as such within the Melton area. Six Health Visitors attended Post-Certificate Refresher Courses organised by the Royal College of Nursing and the Health Visitors Association. These courses were much appreciated, and discussions at staff group meetings ensued. Two newly appointed Health Visitors who have had a long break in service much appreciated a course organised by the Health Visitors Association for members "Returning to Health Visiting".

State Enrolled Nurses working within the Health Visiting section have been given the opportunity of taking their District Nurse Training together with their colleagues in the Home Nursing section. Two nurses completed this training satisfactorily at the end of the year and may now practice in a dual purpose role for Health Visiting and Home Nursing.

Programmes for one week's practical experience in Leicestershire were arranged for student Health Visitors from Leicester City, London, Birmingham, Liverpool and Oxford.

Lectures were given to the District Nurses Training Course and to the Student Midwives Course by the Health Visiting Superintendent, Group Advisers and Specialist Health Visitors for Diabetics.

General Information

The official opening of Health Centres at Lutterworth and Narborough has provided much-improved facilities for Child Health Clinics, screening procedures and for Health Visitors giving group talks to parents on aspects of preventive medicine and health education. Staff rooms and clerical equipment provided for Health Visitors at these centres have been much appreciated.

All Health Visitors are now attached or liaise with General Practitioners. When new appointments are made the relevant Doctor is always invited to be on the interviewing panel.

Fourteen Health Visitors now take part in Health Education programmes and sessions in schools. Programme planning for schools has taken the form in some instances of group organisation by the Health Education Adviser, the Health Visitor concerned and the Parent Teacher Group.

Mothercraft and Relaxation classes are held at twenty centres throughout the county and are staffed by Health Visitors and Midwives.

Health Visitors have given talks in the evenings to adult groups such as Womens Institutes, Towns Womens Guilds, Mothers Unions, Parent Teacher Groups and Clubs for the Elderly.

For all activities mentioned in the above three paragraphs Health Visitors are indebted to the Health Education Department for guidance in programming talks and lectures and for the maintenance of technical equipment used.

The keep fit group for the elderly run by two Health Visitors in the Ashby area continues to be of immense value socially and physically to the members attending.

The Introduction of a Comprehensive Screening Programme

A new scheme ensuring comprehensive developmental assessment for the entire infant population in Leicestershire when reaching 8-11 months was introduced on January 1st, 1972.

Each town, village and hamlet has been allocated to one of 26 centres, and parents have received an invitation by post to bring their children on reaching the age of 8 months to the appropriate centre.

Health Visitors are responsible for carrying out these screening procedures, working in pairs at one or more of the designated centres. They have been specially trained to perform the appropriate developmental tests including hearing tests. Any child failing these tests has been specially observed and referred for medical advice.

The very high percentage of attendance at the centres reflects the enthusiasm and encouragement which Health Visitors have given to parents.

Specialist Health Visitors

Diabetic

Due to earlier diagnosis of Diabetics, pressure of work at the Leicester Royal Infirmary Clinic has increased. Both Health Visitors attend this special Diabetic Clinic working in close co-operation with the Consultant, Dr. Hearnshaw. The monthly clinic held at the Measham Medical Unit has proved to be a viable project, saving patients the journey to Leicester.

The Health Visitors and Dr. Hearnshaw are in the process of preparing guidelines in the home management of Diabetics for the use of Health Visitors and Home Nurses.

Both Health Visitors regularly attend the nursing services area group meetings keeping the staff informed and up to date with recent trends in the care of the diabetic patient.

Both attended the one-day Spring Conference of the Diabetic Association in London.

A Diabetic Paediatric Register has been kept since November, 1972.

Paediatrics

On October 1st, 1972 a Paediatric Health Visitor was appointed specifically to be attached to Dr. Young (the Paediatrician) at Leicester Royal Infirmary. Whilst having special responsibility to Dr. Young, she also works in collaboration with Hospital and Community services dealing with the care of the handicapped child.

Community Health Dietitian

This service commenced in October, 1972, with the appointment of Mrs. S. Burns as a part-time dietitian for a trial period of six months, to assess the requirements in the County. It was felt that the greatest need was for clinics and domiciliary visits for patients who were referred by Doctors and Health Visitors but who would not be entering hospital and for whom the hospital dietitians would not be available.

Clinics have been held in the Health Centres at Syston, Lutterworth and Narborough, the Measham Medical Unit and at Sapcote. All of these clinics have been very busy and a number of patients have been seen in their own homes. So far forty nine patients have been seen on a regular basis and the response from them has been encouraging.

Inevitably most of the work has been concerned with weight reduction, but various other problems have arisen including work with diabetics and mentally handicapped people. It is hoped that as the service expands the principle aim will become the promotion of improved standards of nutrition throughout the County.

Research

A temporary post of Nursing Officer - Research was created in September to test the feasibility of using a nurse as a research worker within the Nursing Service with the object of helping to prepare for the re-organisation of the Health Services in 1974.

Initial projects have investigated problems relating to nursing staff and have included analysis of a nurse's typical working day and the identification of work at present carried out by nursing staff which is not commensurate with their professional training and ability. A survey of group practice attachment schemes and the role of the group surgery nurse has also been commenced.

It is planned that in the future research will become more patient-orientated with immediate research targets being the assessment of geriatric patients and the accident referral rates of children in the 0-5 year old age group at hospital casualty departments.

Information of this type can undoubtedly help develop and improve the Community Health Service and it is therefore encouraging that the research work carried out to date has been well supported and received.

Home Visits by Health Visitors.

	Equivalent 1971	1972
Children born in 1972	8,433	8,092
Children born in 1971	10,670	10,519
Children born in 1967-70	17,395	17,201
Children aged between 5 and 16	—	698
Persons aged between 17 and 64	—	2,596
Persons aged 65 and over	4,873	4,491
Special visits at request of G.P. or hospital to persons aged 65 or over	2,571	1,862
Mentally handicapped persons	270	291
Households visited on account of tuberculosis	145	123
Households visited on account of other infectious diseases	214	179
Other cases	2,445	1,100



The new County Ambulance Station at Garendon Way, Loughborough

AMBULANCE SERVICE

Premises

On 9th December, a purpose-built 10 bay Ambulance Station in Garendon Way, Loughborough, was brought into use. The new Station replaced the cramped, inadequate premises in Forest Road which had housed the Loughborough Ambulance Station since 1950.

Extensions to the Hinckley Ambulance Station, comprising two additional vehicle bays and enlarged staff accommodation were started during the year.

Training

Unfortunately, the plans for a residential school at Markfield were not implemented during the year and courses were again held throughout the year in the existing premises, using hotels for overnight accommodation.

The demand for places has been so great that it has been necessary to rent additional classroom accommodation at a local Working Mens Club.

Ambulance Staff from 20 other authorities have attended Basic (six-week) and Ambulance Aid Refresher (two-week) courses.

During the year, 6 Basic Courses were held, attended by a total of 118 personnel, including 102 from other authorities. Concurrently with these, 17 Ambulance Aid Refresher Courses were held, attended by 229 personnel, including 198 from other authorities.

Whilst attending Basic Training Courses, 42 students learned to swim and a further 35, who could already swim, passed examinations for Royal Life Saving Society Awards. A further 85 students were successful in gaining R.L.S.S. Advanced Resuscitation awards and 5 the Advanced Safety Award.

In addition to the Basic and Ambulance Aid Courses, a course for Potential Instructors, to prepare candidates for the Department of Health Qualifying Courses for the National Ambulance Instructors Certificate was arranged and was attended by 3 personnel from this Service and 9 from other authorities. Two further courses for First Line Supervisors were also held, being attended by 16 personnel from this Service and 16 from other authorities.

One member of the ambulance service staff attended a Department of Health Ambulance Instructors Course; another member of the staff who already holds an Ambulance Instructors Certificate attended a Senior Instructor Course and one of the Senior Instructors at the Training School was invited to participate as a member of the directing staff for two Ambulance Instructor courses, all at Wrenbury Hall, Cheshire.

Public Relations

Talks and demonstrations on the work of the Ambulance Service, First Aid in the Home, Resuscitation etc., have been given by staff of the Service to outside organisations including, Young Wives Groups, Womens Institutes, Parent/Teacher Associations, St. John Ambulance Divisions and British Red Cross Detachments.

Communications

The replacement of Radio telephone equipment, which had been deferred pending the allocation of frequencies by the Minister of Posts and Telecommunications under the Ambulance Frequency Plan for co-ordinated Ambulance Service, was completed during 1972. The normal local operating channel for the service is now in the VHF High Band and the National Emergency Reserve Channel is also available. This latter facility will allow ambulances of this Service, wherever they are, to communicate with the local ambulance control for that area. Similarly, ambulances from other Services can, if suitably equipped, communicate with the Leicestershire Ambulance Control when within its area.

The new equipment, which gives improved clarity and reliability of communication throughout the service area, also caters for switching to channels used by adjoining services.

Competitions and Awards

The Service was represented in the National Ambulance Services Competition by a team comprising a Driver and Attendant, which competed in the Regional Eliminating Round at Harrogate.

One hundred and sixty-five drivers were entered in the Safe Driving Award Scheme for 1972, organised by the Royal Society for the Prevention of Accidents and of these, 118 (71%) gained awards.

Five members of the Ambulance Service staff were honoured with the Certificate of the Royal Humane Society for their part in a hazardous rescue of a young lad who had fallen down a quarry face at Croft in May.

Transport of Patients by Rail

During the year 69 patients were conveyed by ambulance and train from addresses in Leicestershire. The majority (40) travelled to London, whilst other destinations included Sheffield (14) Cambridge (7) Edinburgh (2), Brighton, Guildford, Leeds, Littlehampton, Newcastle upon Tyne and Portsmouth.

Area Superintendents

A pilot scheme was introduced during the year with the creation of a post of Area Superintendent responsible for the ambulance service provided from two Stations. This post replaces the posts of Station Officer at the two Stations concerned. The Superintendent is provided with a van equipped with mobile radio, rescue and first aid equipment to enable him to be directed to, and take charge of, incidents arising in his area.

Subject to the pilot scheme being successful, it is proposed to extend the pairing to the remaining Stations, replacing 6 Station Offices by 3 Area Superintendents. The staff reduction will be achieved by normal retirement and the employment of displaced Station Officers as Relief Superintendents.

Department of Health Circulars

Among the circulars received relating to the Ambulance Service, several referred to training, including training for NHS Re-organisation, Hospital Training for Ambulance Crews, In-service training and training of Ambulance Officers. Other circulars referred to the Carriage of Dangerous Substances by Road, Blue Flashing Lights on Ambulance Vehicles and Control Procedures. All the recommendations contained in these circulars are being implemented.

Following the recommendations of a circular issued in 1971, 40 ambulances have now been equipped with Laerdal battery operated suction apparatus. This equipment replaced the engine operated units previously fitted to some ambulances.

Productivity Pay

A negotiated productivity agreement was implemented for a trial period of 6 months from 1st March. At the end of this time, however, the staff side of the Joint Productivity Committee proposed, and the Committee agreed, that the productivity agreement should be discontinued and the £1 per week interim payment on account towards the final settlement of a revised Wage Structure for ambulance employees be taken.

Statistics

At the end of the year 189 members of staff were employed by the Service and 63 vehicles were in use.

During 1972 the total number of patients carried was 166,872 and the total mileage travelled was 1,502,783, an average of 9.0 miles per patient.

PREVENTION OF ILLNESS, CARE & AFTER CARE

Convalescent Home Treatment

County Cases at Convalescent Homes during 1972

Sheringham House Convalescent Home	127
Overstrand Hall Convalescent Home	75
Hunstanton Convalescent Home	33
Inglenook Convalescent Home, Weston-super-Mare	1
Total	236 (221 in 1971)

Cervical Cytology

The County Health Department has continued to provide a limited service, supplementary to the work of the General Practitioners in the County. Clinics have been held in Hinckley, Loughborough, Oadby and at County Hall.

Three positive smears were found out of 1,115 smears taken and a total of 120 women, 10.76%, were referred to their General Practitioners for treatment of various conditions. This is marginally lower than in 1971 but no conclusions should be drawn from this fact.

Statistics

	1971	1972
Number of smears taken	1196	1115
Number of positive smears	5	3
Number of women referred to G.P.	136	120

Chiropody Service

The Chiropody Service has continued to operate under the general surveillance of the County Health Department with voluntary clubs arranging clinic and domiciliary treatment for the elderly and disabled. Treatment is now provided by 34 chiropodists whose involvement in the county scheme ranges from one or two sessions per month to full-time work.

It will be seen from the table below that the service has expanded considerably during the year to meet increased demand both from existing clubs and from six new clubs which opened at Bruntingthorpe, Diseworth, Kegworth, Loughborough, (Moirs Street), Long Clawson and Whitwick. About 9,000 people received one or more treatments, an increase of 12% over the previous year.

Chiropody sessions are now held in 88 centres throughout the county. However there are still isolated areas, particularly in the east of the county, where it is difficult to provide treatment due to the shortage of chiropodists and the rural nature of these areas.

During the year efforts to increase the number of treatments per patient have been largely negated by the increased number of patients requiring treatment. While some clubs are able to provide treatment every six or eight weeks others are faced with waiting lists of up to 14 weeks.

Efforts are continually being made to reationalise the service but the only long-term remedy is to recruit more chiropodists and hold more sessions.

<i>Statistics</i>					
	1968	1969	1970	1971	1972
Organisations at 31st December	79	78	80	81	88
Sessions held	3,717	3,494	3,109	3,804	4,152
Sessional treatment	28,843	22,525	23,438	25,118	34,441
Domiciliary visits	9,061	9,160	11,163	12,841	17,205

Health Education

Good health depends on the satisfaction of an individual's mental and emotional needs as well as physical requirements. This is of vital importance if health education is to influence knowledge, attitudes and behaviour in its effort to make health a valued community asset.

Administration

The Health Education Establishment was increased in May and the section now consists of one Health Education Adviser, three Health Education Officers and one Clerk/Technician.

As each Health Education Officer is responsible for a different area of the County the programmes developed are varied according to the requirements of those areas and the special interests of the officers. However throughout the County health education is becoming more widely recognised and requests for the service now come from all sections of the community.

In-Service Training

Lectures on principles and practice of health education have been provided for the following training courses:- S.E.N.'s working with Health Visitors, S.R.N.'s, Home Help Service, Pupil Midwives and the Ambulance Service. Topics presented include health and hygiene, home and personal safety, mother and baby care, and the social diseases including V.D., drug abuse, smoking and alcoholism.

The section combined with the Leicestershire and Rutland Drug Squad to present papers on 'Drug Abuse and Misuse' for District Nurse/Midwives.

Lectures and discussions on family planning, introduction to health education and the Ministry's role in health education were also presented at the Leicester Royal Infirmary and Leicester General Nurse Training Schools.

Relaxation Classes

Two new classes were established, but lack of public transport in rural areas still makes it difficult for many women to attend classes. An investigation of the location of classes has been carried out which should show up areas where classes might beneficially be provided. 1,564 women attended classes and total attendances were 9,435.

Home Safety

Increased emphasis has been placed on this subject during the year in an effort to reduce the number of needless and tragic accidents in the home. Small exhibitions have been staged on such themes as water safety, do it yourself with safety, and spring clean with safety. As well as these a series of home safety lectures was presented to Home Safety Committee members. A revised edition of the Home Safety Handbook and the A to Z of Home Safety were produced and distributed to groups and schools.

Health Education Information Service

The demand for materials, programmes, posters and leaflets continues to increase. While this is encouraging it does present financial problems as poster materials are expensive. For this reason materials from the Health Education Council are used wherever possible. Requests for materials have been received from G.P.'s, Nurses, Teachers, Students and even from a Motorway Service Station. Most requests are for topics such as V.D., Smoking and Cervical Cytology.

At the County Show at Baggrave Park the section combined with other County Council Departments to present the theme 'The Environment'. Health Education's exhibit consisted of environmental hazards such as drug abuse,

smoking, V.D., alcoholism and population explosion, using slides, tapes, posters and leaflets.

Evening sessions for adult groups continue to increase. The topics dealt with are mainly cervical and breast cancer, drug abuse, V.D., sex education for parents, smoking and care of feet.

Rubella Campaign

As a result of the lack of response to the May 1971 campaign, a repeat campaign was carried out in September and October this year.

All Head Teachers of high schools co-operated in providing letters for girls to take home to their parents. Health Education Section provided publicity posters and leaflets and were available to talk to girls in the age group concerned.

A total of 10,000 leaflets and letters were distributed. Information was also provided for Leicester Mercury and Radio Leicester whose co-operation is greatly appreciated.

A total of 34 schools took part, two of which volunteered to follow up the campaign a month later to test the results. While it is clearly difficult to encourage girls to be vaccinated the campaign was valuable in creating close liaison with the schools.

Future Activities

A 'dial service' tape-recorded advisory service to be installed by the G.P.O. has been planned to commence in January 1973. This is a joint project with the Leicester City Health Department and the Consultant Venereologist at the Leicester Royal Infirmary. The dial tape explains briefly the symptoms of venereal diseases and provides the times and location of special clinics.

During the year contact has been made with various industrial concerns and these are now supplied with health education materials. It is hoped that this new development will continue to expand.

Artificial Kidney Machines

Three patients under treatment at Renal Dialysis Units at Cambridge, Derby and Sheffield were referred for Home Dialysis during the year.

In one case where there was no possibility of adapting a room or building an extension to house the Dialysis equipment, it was decided to purchase another Portakabin, similar to the two previously installed but with minor improvements found by experience to be advantageous to the patient.

The necessary site works which included a new water main connection, drainage and electricity were carried out well before the delivery date of the portakabin. The manufacturers were held up by the dock strike and then by the building workers strike and this necessitated longer hospital treatment than was originally envisaged. A 50-ton crane was necessary to lift the Portakabin over the house and place it in position behind some out-buildings. This was done very skillfully by the crane operator during a gale, without any damage to the house or unit.

Extensions were built at the homes of the other two patients, one as a ground floor room and the other over a flat-roofed garage with access from the patients bedroom. In these cases, the cost of the plumbing, drainage, electrical and other incidental works for fitting out the rooms was grant aided by the County Councils.

In all cases, the technicians from the Hospital Dialysis Units were consulted concerning their requirements and the artificial kidney machines, monitoring equipment etc., were installed quickly and without any problems. Again the fullest co-operation was received from the District Councils, the Water and Electricity Boards.

Provision of Incontinence Pads

Incontinence pads, together with special supplies of incontinence garments and disposable wadding, are distributed, free of charge, in all areas of the County. Certification of genuine need is provided by a General Practitioner or Home Nurse.

<i>Issues of packs of 25 incontinence pads</i>		
	1971	1972
W.R.V.S. Office, Friar Lane	790	577
Ashby-de-la-Zouch	696	624
Coalville Ambulance Station	1,619	1,596
Hinckley	1,144	1,104
Hastings House, Loughborough	2,009	1,755
Woodmarket House, Lutterworth	348	146
Westhaven, Market Bosworth	302	239
Catherine Dalley House, Melton Mowbray	1,516	1,308
County Hall, Glenfield	2,119	1,944
Market Harborough	964	600
Wigston	1,680	1,499
Castle Donington	204	297
John Storer House, Loughborough	406	602
Husbands Bosworth	42	22
Houghton	9	19
Shepshed	92	161
Syston	—	220
Total	13,940	12,713

Medical Equipment Loan Service

Mrs. A. Crumbie, Assistant Branch Director, Medical Aid Department, Order of St. John and British Red Cross Society, reports as follows:-

The Department coped with an overall increase in work of 40 per cent during 1972. Our programme for the year had been to increase personnel and improve

facilities at Cavendish Road. Both were attempted but with the expansion in work the department finished the year as it started, still needing more staff and improved facilities.

Several new items of equipment have been added to our range, but the most significant increase has been in the requests for liquidisers.

More Nursing Sisters and Health Visitors are requesting the less complicated aids to daily living and it is felt that this is a direct result of their visits to our Headquarters.

We are hoping to improve our service in 1973 by visiting all areas of the County on a twice weekly basis. As the work load increases this will become more feasible.

As ever, we are most grateful for the close co-operation which exists between the Medical Aid Department and the Nursing Sisters on the districts and of their understanding of our problems.

<i>Items Loaned, in Years</i>					
1967	1968	1969	1970	1971	1972
10,623	11,691	13,663	16,398	20,005	28,397

Adaptations to the Homes of Handicapped Persons

The County Health Inspector continued to arrange for adaptations to the homes of Handicapped Persons for the Social Services department. The number of cases dealt with rose sharply with the publicity given to the work and the increase in the number of occupational therapists employed. The work involved is time consuming but rewarding.

The scope of the work undertaken ranges from simple improvements such as the provision of handrails and ramps, to extensions to provide ground floor accommodation costing up to £2,000. Wooden ramps are constructed at the training centres, in emergency cases in a matter of days. Stairlifts are now available at reasonable cost and in suitable cases enable clients to use first floor bedrooms and bathrooms, instead of being restricted to a ground floor existence.

Three specially planned bungalows for paraplegics were built by district councils with the fullest co-operation of the architects at the design stage. This is far more satisfactory than attempting to adapt existing properties where restricted space often makes wheelchair movement between rooms difficult even with widened sliding doors.

There are problems with elderly clients, who often do not wish to move away from a district where they have old friends and helpful neighbours, to a strange locality even though fresh accommodation would be more suitable and convenient for their disabilities.

Registration of Nursing Homes

Nursing Homes registered in the County

	Number of Beds
Burton Hall, Burton-on-the-Wolds	21
The Old Vicarage Nursing Home, Rothley	16
Cheshire Foundation Home, Staunton Harold	42
“Berrystead”, 1001 Melton Road, Syston	38
Saddington Grange, Saddington	26
The Willows, Coventry Road, Market Harborough	20
Lancaster House, Waltham-on-the-Wold	15
Total	178



Narborough Health Centre - Reception and Waiting Area

PART III: EPIDEMIOLOGY

INFECTIOUS DISEASES

Although outbreaks of serious infectious diseases are not so prevalent in this country at the present time they still provide many problems in their prevention. There were no cases of cholera or smallpox during 1972 although constant checks are made on visitors and holiday makers coming into the country from areas where these diseases are still endemic.

For instance a young woman arrived from South Africa by air and at the end of the week she was covered in a vesicular rash. However, the history was suggestive of chickenpox and specimens from the rash were sent to the Public Health Laboratory who confirmed the diagnosis.

In another case an indigenous female died in May from an illness where the general practitioner considered it might be smallpox. In the meantime the police had called to investigate the incident and the body had been sent to the mortuary at the Leicester Royal Infirmary with the result that many people had come into contact with it. Fortunately the result of the specimens which were sent to Colindale showed the diagnosis to be chickenpox.

Although from the foregoing it will be realised that smallpox vaccination is not now recommended as a routine procedure for infants, it is important to ensure that those in the first line of contact e.g. hospital staff, ambulance drivers, undertakers etc. receive regular smallpox vaccination. During the year there were 36 cases of cholera in Australia and it was found that they were people who had left London and travelled by air to Australia stopping off for a short time at a Middle East Airport. At the same time two passengers on the opposite trip were found to have the cholera vibrios in their stools on arrival in London. Contacts of these two cases required following up and this included one case in Leicestershire. Travellers are advised that vaccination does not prevent cholera although it affords some protection. The safest precaution is to avoid cold foods, salads and unboiled water in countries where there is an obvious risk.

A full report on tuberculosis is to be found elsewhere in this report but two incidents on the M1 motorway involving tuberculosis are of interest. In August a young student from Cheshire was killed on the motorway. The post-mortem

examination revealed that he had died of cerebral heamorrhage but that he was suffering from miliary tuberculosis. Contacts and relatives were followed up by the Cheshire Health Authorities.

There was another fatal accident on the M1 motorway in October and at the subsequent autopsy the deceased was found to have been suffering from pulmonary tuberculosis. As 8 firemen had spent 1½ hours in close proximity to the deceased and had, in fact, attempted the kiss of life, arrangements were made to have the men X-rayed. Fortunately all the films were found to be clear. As the deceased was a resident of Manchester the Medical Officer of Health of that City was advised.

Three cases of pulmonary tuberculosis were diagnosed in Staffordshire but found to be working in a factory in Ashby. Arrangements were made for all the factory workers to have chest X-rays by the mobile Mass Radiography Unit and fortunately no further cases were discovered.

There was an increase in the incidence of cases of food poisoning in 1972 over the previous year from 15 to 34. The majority occurred in the 15 to 45 age group. A number of cases were due to salmonella infection which had been picked up on holiday in one of the warmer countries. There were a small number of cases arising in contact of farming surrounds where it was found that some of the bought-in cows were suffering from the disease. There was one case of typhoid and one case of paratyphoid. The typhoid case was a young man returned from a Mediterranean holiday. The laboratory examination of his stool and blood showed presence of typhoid of a degraded VI strain. No contacts were affected. The case of paratyphoid fever was a woman. On investigation it was found that she had had the illness for several months while she had been working in a hotel. No other case was found among her family or colleagues. It is striking how little the disease had spread and may be an indication of improved personal hygiene.

There was an increase in the incidence of infective hepatitis from 137 cases in 1971 to 151 cases during 1972, the majority of cases coming from the 5 to 14 and 15 to 45 age groups. At a residential school where the disease appeared to be endemic staff and pupils were given immunoglobulin inoculations. No case has appeared since.

The incidence of whooping cough fell from 95 cases in 1971 to 18 cases during the year. There was also a slight fall in the number of cases of dysentery from 9 in 1971 to 6 in 1972.

Acute meningitis cases however rose from 13 in 1971 to 18 in 1972.

The incidence of scarlet fever was halved during the year, the number of cases notified being 63.

In spite of every effort to encourage mothers to have young children vaccinated against measles the number of cases rose from 522 in 1971 to 652 in 1972. Measles is a disease which is treated lightly in this country because of the low mortality but it is a disease which requires constant attention as significant complications frequently arise.

Although influenza is not a notifiable disease it is an illness which causes a great deal of absenteeism in schools and at work. At present there is no completely effective prophylatic measure although many firms offer vaccination. The Public

Health Laboratory Service began an influenza surveillance programme in the latter months of 1972 and this will continue over the first few months of 1973. The Health Department are assisting by giving the figures of deaths by age and sex for the various areas in the county.

Another important disease which is not notifiable is Rubella and the dangers to pregnant mothers and the growing foetus are well recognised. In the early part of the year a number of abortions were recommended in Leicestershire and the City because of the inadvertant administration of rubella vaccine during early unrecognised pregnancy. Vaccination is recommended for all girls between 11 and 13 years of age, for women of child bearing years who request protection, for women in the post-partum period and for women at special risk of acquiring or transmitting rubella provided in all cases they are sero-negative.

Although the means of preventing most infectious disease is now known the risks of outbreaks remain and constant vigilance is required particularly in an era of fast global travel.

<i>Incidence of Infectious Diseases, in age groups, Table 1</i>								
	0—	1—	3—	5—	15—	25 & over	Age un- known	Total
Scarlet Fever	.	4	11	45	3	.	.	63
Acute Poliomyelitis	.	.	.	.	.	.	.	.
Measles	36	135	131	325	13	7	5	652
Diptheria	.	.	.	.	.	.	.	.
Dysentery	.	.	1	.	2	3	.	6
Acute Meningitis	7	1	.	3	3	3	1	18
Tetanus	.	.	.	.	.	.	1	1

<i>Incidence of Infectious Diseases, in age groups, Table 2</i>							
	0—	5—	15—	45—	65 & over	Age un- known	Total
Acute Encephalitis	.	.	.	.	.	.	.
Typhoid Fever	.	.	1	.	.	.	1
Paratyphoid Fever	.	1	.	.	.	.	1
Food Poisoning	2	3	25	4	.	.	34
Smallpox	.	.	.	.	.	.	.
Malaria	.	.	1	.	.	.	1
Leptospirosis	.	.	.	2	.	.	2
Infective Jaundice	5	70	67	6	2	1	151
Whooping Cough	11	4	3	.	.	.	18
Tuberculosis	1	4	15	11	6	.	37

Venereal Diseases

The number of new cases of gonorrhea treated in County residents has continued to fall in 1972. This trend represents a slight increase in the number of men treated but a considerable reduction in the number of female patients treated.

A new Dial Information Service is planned to provide information on venereal diseases and times of clinics. Details of this can be found in the Health Education section of this report.

Valuable progress has been made in contact tracing by Mrs. M. Dight, Social Worker/Health Visitor attached to the Leicester Clinic who reports:-

The Social Work role is now much more integrated into the routine of the clinic and much less an optional extra. The medical staff have referred 230 patients, whose diagnosis was positive, for interview, bringing their contact for treatment. The aim is to help them to do this themselves, so that a total involvement in the consequences of their actions can bring increased awareness of responsibility in personal relationships of which 'seeing it through' is a valuable aspect. Only when these efforts fail is the task taken over. There were 34 such occasions when direct intervention was needed to bring patients for examination. Of these 30 had gonorrhoea - 25 were females who would not have come otherwise as they had no symptoms. These 30 produced 7 more cases who were positive and treated. The total visits done for this purpose and to bring in defaulters were 285 in the city and 36 in the County. There were 157 other referrals for interviews in the clinic for supportive case work, maintaining attendance and accepting and working through painful situations. This usually involves an educational process as gaps in knowledge and understanding of sexually transmitted diseases and of personal relationships and birth control are still all too common. At least 250 B.M.A. booklets on these matters were sold.

New Cases in County Residents 1972

	Syphilis	Gonorrhea	Other Genital Infections	Other Conditions
Leicester Royal Infirmary				
Male	7	90	273	268
Female	4	56	158	189
Total	11	146	431	457
Loughborough	.	39	96	92
Burton-on-Trent	.	4	4	5
Nottingham	.	12	27	17
Nuneaton	.	2	11	20
Total	11	202	569	591

TUBERCULOSIS

The following is the report by Dr. M.C. Brough, Consultant Chest Physician:

During the past year there has been a slight drop in the number of notifications of respiratory tuberculosis, the numbers decreasing from 34 to 29. Of these 29 cases of respiratory tuberculosis, 14 were male, 8 down on the previous year, while females had increased from 12 to 15. Six cases occurred in immigrants, all of whom were coloured. Deaths from respiratory tuberculosis decreased from 9 to 7, (3 of these being classified as late-effects).

The notification of non-respiratory tuberculosis decreased from 10 to 6. There were 2 coloured immigrants included in these figures, giving a grand total of 8 cases of both forms of tuberculosis, occurring in coloured immigrants out of a total of 35 cases altogether, i.e. 23%.

The total number of cases, both respiratory and non-respiratory, on the register at 1.1.72 was 666. During the past year the number of new cases added to the register was 30 and the number of transfers-in was 7. Fifty six were removed as cured, 11 as dead (all causes), 5 left the area and 3 were removed for other reasons. The total on the register on 31.12.72 was 628, 38 less than in the previous year.

Statistics for the last ten years

	Year 1962	Year 1971	Year 1972	Average last ten years
<i>Respiratory tuberculosis:</i>				
Notifications	70	34	29	54
Deaths	15	9	7	12
Death Rate	0.04	0.018	0.014	0.028
<i>Non-Respiratory tuberculosis:</i>				
Notifications	18	10	6	14
Deaths	2	.	2	3
Death Rate	0.005	.	0.004	0.007
<i>Total for all types:</i>				
Notifications	88	44	35	68
Deaths	17	9	9	15

New cases (formally and informally notified), in ages, 1972

		Aged	0—	5—	15—	25—	45—	65—	Total
Respiratory	<i>m</i>		.	2	1	1	8	3	15
	<i>f</i>		1	1	1	8	4	2	17
Non-respiratory	<i>m</i>		.	.	.	3	1	.	4
	<i>f</i>		.	1	.	1	.	2	4

Deaths, in ages, 1972

		Aged	0—	5—	15—	25—	45—	65—	Total
Respiratory	<i>m</i>		.	.	.	.	1	2	3
	<i>f</i>		.	.	.	1	1	2	4
Non-respiratory	<i>m</i>		.	.	.	1	.	.	1
	<i>f</i>		.	.	.	.	.	1	1

Chest Clinic Service

There have been no major administrative changes during the year. The District Nurses have helped us as before in a total of 26 cases, and given invaluable assistance in the domiciliary care of patients on drug treatment.

Mass Radiography Unit

During the year 1972 the Mass Radiography Unit visited Whetstone, Loughborough College, Shepshed, Kegworth, Ashby-de-la-Zouch, Castle Donington, Sileby, Syston, Carlton Hayes Hospital, Gartree Prison, Melton Mowbray and Anstey.

In all, 30,049 persons were x-rayed (34,440 in 1971). Six cases of pulmonary tuberculosis requiring close supervision were discovered, giving a rate of 0.20 per 1,000 (9 cases, 0.26 per 1,000 in 1971).

Six cases of malignant neoplasm were discovered, as against 15 in 1971. In addition 18 cases of sarcoidosis were found.

Prevention, Care and After-Care

The total number of notifications, both respiratory and non-respiratory was 35 and from these 517 contacts were examined for the first time, 7 of whom were found to be suffering from tuberculosis. All contacts under the age of 40 were tuberculin tested and 323 were vaccinated with B.C.G.

The scheme for the routine x-ray of ante-natal patients has been continued in the areas of the County round the City boundary. There is a big problem amongst the expectant mothers from the immigrant population in Leicester. One case of pulmonary tuberculosis was found in an expectant mother living in the County in 1972.

Once more we refer to carcinoma of the lung. There is a small fall in the deaths this year, the total being 223, (187 males and 36 females), 7 less than in 1971. Thirty three of these deaths occurred in people under the age of 55 and 32 occurred in people over 75. The most dangerous years were 55 to 75 when a total of 158 persons died.

The Future

The Area Health Authority will take in the hospital and domiciliary care of all branches of medicine in the Leicestershire and Rutland area. The present policy is for Markfield Hospital which copes with all the pulmonary and non-pulmonary tubercle to continue exactly as at present and one would anticipate that this arrangement will continue for a minimum period of at least ten years. Steps are being taken throughout the country for an increase in the number of Senior Registrar appointments to provide an adequate number of trained Physicians with an interest in and knowledge of chest diseases to fill the many vacancies from the Chest Service which will arise between now and 1980.

There has been no great alteration in the method of treating tubercle although one can see that the duration of chemotherapy given to each patient will be reduced. The maximum period of treatment will probably be eighteen months as compared with the standard two-year course which has applied until very recently, and some cases will require to have as little as six months' chemotherapy in all. We continue to be helped considerably in the treatment of tubercle by the advent of the two new forms of chemotherapy, Rifampicin and Ethambutol. Whilst they have to be carefully supervised, both give excellent results.

IMMUNISATION AND VACCINATION

The Council's computer appointment scheme has continued to run smoothly throughout the year and the number of children registered on the scheme now reaches 130,000. Most of the large practices are using the scheme for children on their list. Appointment cards are sent out to the parents for their children to attend pre-arranged clinics run by their family doctors. Appointments are made for the protection against diphtheria, whooping cough, tetanus, poliomyelitis and measles for babies and at a later date for the reinforcing doses.

For the protection against rubella the older girls from 11 years of age receive an appointment. The rubella campaign conducted by the Health Department during the year, brought an immediate response but the total number of 3,231 for the whole year still leaves room for improvement.

The age range recommended for rubella is 11, 12 and 15 years. The estimated school population is 10,450.

Number of courses given in 1970 — 241

Number of courses given in 1971 — 5,783

Number of courses given in 1972 — 3,231

A random sample in the session took place in February and March of 1972 and shows that out of 137 appointments:-

47 attended and had the inoculation.

13 did not attend, but offered excuses e.g. illness.

71 did not attend and offered no excuse.

6 did not want inoculation.

The acceptance rate of 34% is less than half that required to ensure adequate herd immunity.

The uptake of ordinary measles vaccination is also poor and every effort continues to be made to increase its acceptance. Measles might be ordinary and rarely fatal, but it gives rise to a large number of cases of bronchitis and ear conditions, not to mention significant irreversible urological complaints.

Smallpox has been excluded from the Council's scheme since 1971, when the Joint Committee on vaccination and immunisation recommended against routine smallpox vaccination in childhood in this County. In the face of a World Health Organisation eradication campaign only five countries have endemic smallpox and the risk of acquiring smallpox in this country is now minimal.

The computer program is being amended so that a continuous analysis of all appointments made can be attained.

The figures for the immunisation of pupils aged 13 against tuberculosis are shown in the school section of this report.

Primary Courses completed during 1972

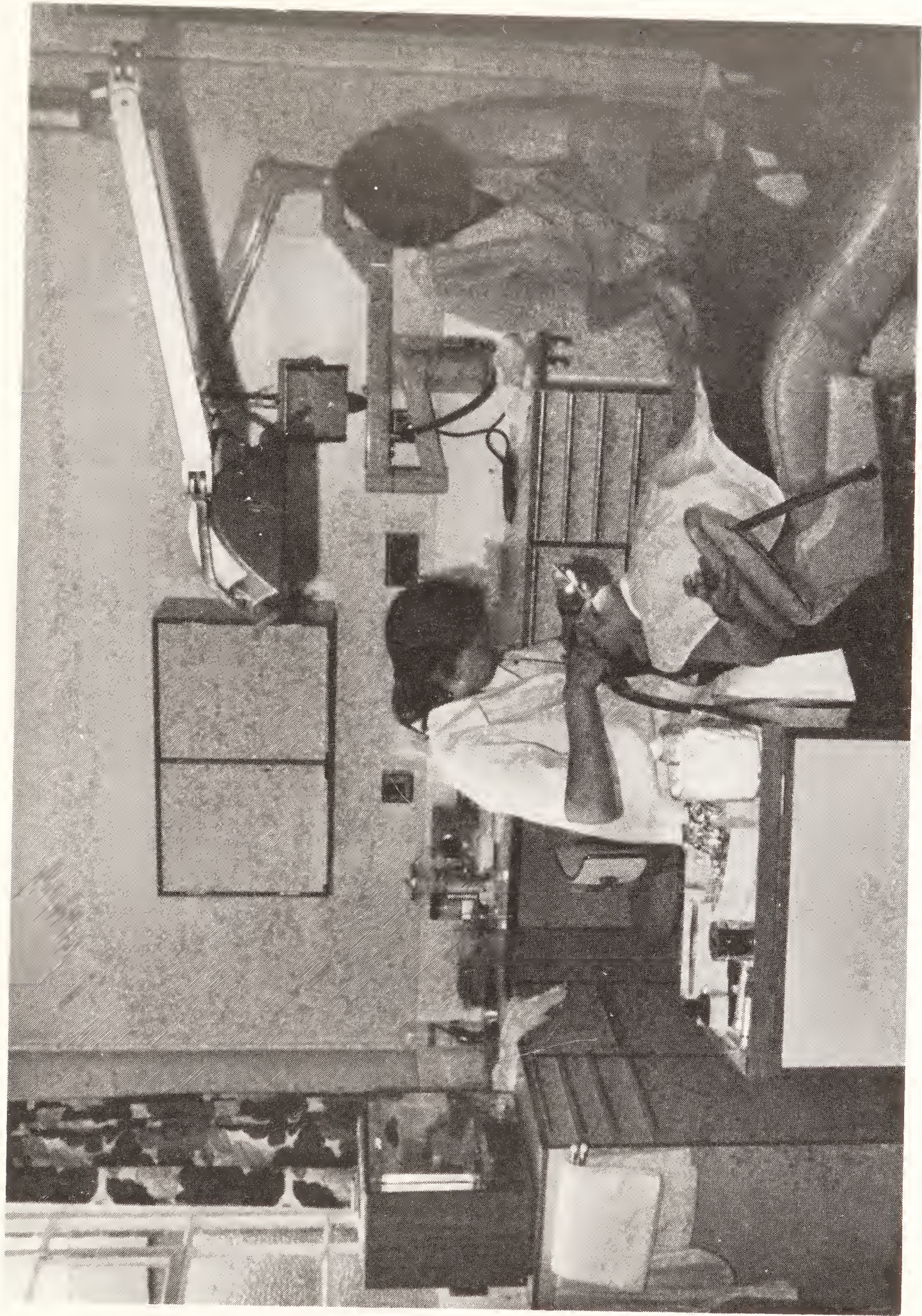
		Year of Birth				Others	
	1972	1971	1970	1969	1965-68	Under 16	Total
Diphtheria	123	6,602	1,577	167	269	41	8,719
Whooping Cough	123	6,598	1,573	167	138	23	8,622
Tetanus	123	6,602	1,577	167	211	274	8,954
Polio	90	6,621	1,594	179	245	125	8,854
Measles	3	3,313	3,627	322	682	56	8,003

Reinforcing Doses during 1972

		Year of Birth				Others	
	1972	1971	1970	1969	1965-68	Under 16	Total
Diphtheria	.	3	3	9	7,401	303	7,719
Whooping Cough	25	5	30
Tetanus	.	3	8	20	7,485	1,403	8,919
Polio	.	3	3	11	7,457	933	8,407

Percentage of children protected against diseases

	England and Wales %	Leicestershire %
<i>Children born in 1970</i>		
Whooping Cough	79	93
Diphtheria	81	93
Poliomyelitis	80	93



Dental Care for Schoolchildren at South Wigston

PART IV: ENVIRONMENTAL HEALTH

(Due to the non-return of details from a number of county districts, summarised figures for a number of sections usually included for the County are not available this year).

SANITARY CIRCUMSTANCES OF THE AREA

Rainfall

I am indebted to Mr. E.A. Bonser of Bradgate Road, Newtown Linford who recorded the rainfall figures in the table below at Climatological Station 4316.

<i>Rainfall for the year</i>				
	TOTAL		No.of	Greatest fall in 24 hours
	mms.	ins.	rain days	
January	2.53	61.7	21	.38in. (9.4mm) on 26th
February	1.98	50.1	18	.44in. (11.0mm) on 3rd
March	2.21	56.4	17	.44in. (11.0mm) on 4th
April	1.46	33.7	16	.21in. (5.2mm) on 29th
May	1.41	34.5	18	.27in. (6.7mm) on 11th
June	2.75	69.9	18	.68in. (17.2mm) on 10th
July	1.62	41.5	13	.38in. (9.7mm) on 20th
August	1.28	32.1	10	.37in. (9.3mm) on 1st
September	2.91	75.2	7	2.32in. (59.2mm) on 8th
October	1.30	32.4	10	.55in. (13.8mm) on 10th
November	2.08	52.1	16	.66in. (16.9mm) on 12th
December	2.49	60.8	19	.67in. (17.2mm) on 1st
Year	24.02	600.4	183	

The recorded rainfall was again below average for the area but as the number of rain days was 183 compared with 144 in 1971, the impression could be gained that there had been a lot of rain. Although 2.32 inches of rain fell in twenty four hours on 8th September, there was little flooding of consequence.

Water Supply

Apart from isolated properties where a mains water supply was not available, no shortages of water were reported during the year. In some areas however, pressure was poor at times of peak demand. Infrequent complaints of discoloured mains water were received in some areas where the mains are old or where bursts had occurred. These were dealt with by the Water Departments, principally by repeated flushing if necessary.

Work was commenced on a new 18" trunk main linking with the River Dove Water Board Aqueduct at Dishley on the North side of Loughborough, connecting to a 12" and 10" ring main around the North and West side of Loughborough. This is designed to improve pressures on the North and East sides of the town.

Fluoridation

Once again the anticipated starting date for fluoridating the water within the Leicester Corporation Statutory Area has been put forward. The latest information is that negotiations for acquiring facilities from the Derwent Valley Water Board are likely to be protracted, so that this bulk supply, and therefore the whole scheme, cannot be implemented before April, 1974.

Rural Water Supplies and Sewerage Acts, 1944–71

Eight water mains extension schemes to serve isolated properties without a satisfactory water supply, were submitted by Leicester Corporation, the Statutory Suppliers, and were approved. Eleven schemes were considered for grant purposes and a total of £5,054 was approved, subject to review on final costing.

A small sewerage scheme, with treatment plant, for the village of Chilcote in Ashby Rural District was approved, as it was not economical to link up with a larger scheme.

A Regional scheme to serve the villages of Waltham, Scalford, Stonesby, Goadby Marwood, Wycomb, Chadwell, Saltby and Sproxton with treatment works at Waltham-on-the-Wolds in the Melton and Belvoir Rural District was received and approved in principle. The estimated cost of the scheme was £703,000 of which £172,250 was for treatment works, sludge dewatering plants and machinery. Provision in the treatment works design was allowed for a further two villages, namely Buckminster and Sewstern to be included in the scheme at additional cost.

During the financial year a total of £26,300 was paid in grants to district councils in respect of sewerage schemes.

Sewage Disposal

Good progress was made on schemes previously approved and with escalating costs it is fortunate that the majority of district councils completed the sewerage of their areas several years ago. The rapid development of certain villages has resulted in major extensions to sewage treatment works completed only fifteen years ago, having to be carried out, in spite of the fact that allowance was made in the design figures for increased population and water consumption. The River Authorities keep a closer watch on the standard of effluents discharged to watercourses, as the increasing demand for water will mean more abstraction from rivers in the future.

Ashby-de-la-Zouch Rural District Council's Coleorton and district sewerage scheme was commenced during the year; the Ravenstone treatment works reconstruction was completed and the Snarestone treatment works enlarged.

The work of resewering Albert Village in the Ashby Woulds Urban District was in progress.

In the Blaby Rural District the joint scheme for Croft, Huncote and Thurlaston drainage to Stoney Stanton treatment works was nearing completion and the Croft sewage works was closed. Work was in progress for the re-drainage of Glen Parva to Whetstone sewage treatment works, where a central sludge treatment plant was also under construction.

Melton Mowbray Urban District commenced the Nottingham Road Sewer improvement scheme.

Shepshed Urban District commenced the main drainage scheme.

Complaints

The number of telephone queries and complaints over the whole field of environmental health increases yearly but the number of written complaints remains fairly constant. The following is the classification of written complaints received and dealt with in co-operation with the Public Health Inspectors of the district councils: Noise 6, Rodents 2, Housing 2, Refuse 1, grit, smoke, dust and fumes 6, Sanitary Accommodation and drainage 8, Water Supply 1 and General Complaints 15. The ready and willing co-operation of the Public Health Inspectors is acknowledged and appreciated. Many problems are not confined to small geographical locations and it is hoped that after local government re-organisation, the existing spirit in relation to co-operation will continue.

Clean Air Act, 1956

Smoke Control Order No. 7 (Braunstone part) in the Blaby R.D. came into operation in November and there were thus seven orders operating in that district. No. 8 (Braunstone part) was submitted to the Department of the Environment by the same council, to come into operation on 1st November, 1973. Oadby U.D.C. submitted an outline plan to the Department of the Environment and it is hoped to commence surveying the first area during 1973, prior to submitting an order for confirmation.

There are a number of fairly extensive housing developments, particularly near to the Leicester City boundaries, where Smoke Control Orders would appear to be desirable and readily enforceable without major expense to the householders or district councils. As central heating becomes more popular with the availability of natural gas, less smoke from domestic fires is noticeable.

Public Cleansing and Refuse Disposal

The majority of the district councils operate a weekly refuse collection service but due to labour problems, this does not apply during holiday periods. Like so many local authority services this is one that is generally taken for granted by the general public, who do not appreciate the problems involved where there is no

margin to cover sickness and holidays. It is accepted that householders in smoke control areas or who have central heating cannot burn rubbish as they may have done in the past and the increasing amount of packaging materials, particularly plastic containers and non returnable bottles, do create difficulties.

Properly controlled tipping of refuse to reclaim land from which various minerals such as sand, gravel, clay and granite are extracted would do much to prevent further dereliction of the countryside, but unfortunately much that has been done in the past has been far from 'controlled'. Insufficient labour, machinery and top covering material has resulted in nuisances being created and refuse tips have usually been suspect if located anywhere near houses. The proposal that the new county councils will become responsible for refuse disposal after 1974 should result in a co-ordinated and improved service. There will doubtless be difficulties in the early stages but planning will be possible without the limitations imposed by small district boundaries. It will also relieve a number of areas of the worry of trying to find sites within their boundaries now that tipping space is running out.

Another serious problem is the lack of real control over privately owned tips used by waste contractors for dumping trade refuse and wastes. The risk of tipping into water has been mentioned in this report on several occasions in the past and the serious nuisance which arose from hydrogen sulphide emission at Shelthorpe, following the tipping of plaster board into water, should have been sufficient to warn against a repetition elsewhere in the county. Unfortunately the lesson was not learned and plaster board waste together with a variety of other chemical waste was tipped into water at a quarry not many miles from Shelthorpe at Mountsorrel. The resultant hydrogen sulphide emission is still a problem at the time of writing this report.

The Department of the Environment have taken a serious view of the short-comings in the present control of waste disposal, particularly toxic wastes and it is understood that new legislation with county councils responsible for its implementation, is in course of preparation. River Authorities, or after April 1974 the Regional Water Authorities will be very much concerned with the siting of tips. Liaison between planners, those responsible for refuse disposal, the river authorities, analysts, chemists and independent persons with experience in environmental health controls will be essential. The multi-disciplinary idea associated with corporate management should ensure that co-operation between all concerned will be established from the outset.

In this county the tip used by Ashby U.D., Ashby R.D. and Coalville U.D. came into use.

Market Harborough U.D. share a tip with a neighbouring authority outside the county.

Lutterworth R.D. deposit all domestic refuse in a disused railway cutting under the control of Rugby R.D., but this is rapidly filling up and alternative sites are being sought.

The incinerator at Whetstone is Blaby R.D. which will be used by that Authority, Wigston U.D. and Leicester City was commenced and should be operational by late 1973. The building workers dispute unfortunately held up constructional work on the project.

All refuse at Oadby is pulverised but sewage sludge which was originally included is now omitted due to problems in disposing of the final product. The residues are taken to the Billesdon R.D. tip at East Norton where they are dumped with crude domestic refuse collected by Billesdon. Pulverised refuse is an ideal covering material for land reclamation and at present it is not being used to the best advantage.

School Swimming Pools

During the year learner swimming pools were opened at Headlands Infants School, Blaby and Highcliffe Junior School, Birstall bringing the total of school swimming pools in the county to 38. Filtration equipment available now is of superior quality and durability to that available in the early days and attempts are being made to standardise and thus make maintenance easier. Rapid sand filters with back-wash procedure to clean the sand bed of accumulated particulate matter from the pool water are replacing the early diatomaceous earth filters which had expensive septums to hold the filtrate in position. Back-washing is much quicker, less tedious and more economical since the filtrate does not have to be replaced as with diatomaceous earth. From experience it has been found that pools with very heavy bathing loads, especially those of only 15,000 gallons capacity i.e. most learner pools, need a filtration plant with a turn-over rate of less than 4 hours, whereas originally open-air pools were judged to need a 6 hourly rate.

Problems of cloudy water from algae growth in hot weather were cured by ensuring that the chlorine residual was maintained at all times, at break point level of 1.5 to 2.0 parts per million. This is not easy at the smaller schools where only part-time caretakers are employed and a shock dosage with hypochlorite at weekends can keep the pool water clean and sparkling.

Some children and adults appear to be sensitive to chlorine and complain of eye-smarting even with a free chlorine residual of 1.5 p.p.m. and a pH of 7.6. The majority however pass no comment when the free chlorine level rises to 3.0 p.p.m., provided that pH is maintained at 7.4 to 7.6.

All the schools have Lovibund Comparators for regular and frequent spot testing the pool water, using D.P.D. chlorine test tablets and diphenol purple or phenol red tablets for pH. Individually foil wrapped tablets are a big improvement and ensure that there is no deterioration through dampness as was originally the case. Head teachers liaise with the County Health Inspector and his technical assistants, when any problems arise relating to pool hygiene, chlorination or filtration.

From experience it has been found that each pool appears to have its own peculiarities and this is probably associated with the varying conditions between schools, bathing loads and types of children using the pool.



*Plastic Domes are used to cover school
swimming pools*



The plastic dome structures, inflated by means of electric fans, have mostly suffered from vandalism and several were badly damaged during storms, coupled with power cuts. Nylon netting and rope stays have improved matters and compared with the permanent structures, many schools consider they are good value. Conditions for the instructors during sunny weather become very tiring as the temperature soars, unless they are able to join the pupils in the water and enjoy a swim or merely a dip in 3 feet depth of water.

It is pleasing to be able to report that since school pools have been introduced no cases of illness or infection have been associated with these excellent facilities for recreation and more important for teaching the children to swim.

Public Swimming Baths

No additional public baths were provided and the number remains at eight. The majority of water samples submitted for bacteriological examination by the district Public Health Inspectors were satisfactory.

Gipsies and Itinerants

Early in the year, the land for the first caravan site at Aston Firs was purchased and in anticipation that the necessary facilities on the site would proceed quickly, the council authorised the appointment of a Warden. His duties before the site opened, were to establish rapport with the Leicestershire travellers to ensure that the fifteen pitches which were planned were allocated to those who were genuinely locals and not the latest arrivals who were a problem at the time. Unfortunately there were innumerable delays, firstly in getting a sewerage scheme approved and then in obtaining the most satisfactory site facilities at an acceptable cost. The council were determined to provide a good site, which would help to overcome the prejudice which exists whenever gipsies and itinerants are mentioned. The Warden has had a very difficult period in that the travellers continually ask when can they know if they are going to get a pitch on a non-existent site. In the event, the Warden was probably appointed too soon and as he elected to live in a caravan which would have been on the site had it been available, his living conditions without proper drainage were quite rudimentary for the first eight months. After that he was given a site in a town, in an enclosed yard behind a large house, owned by the council. It is now hoped that the Aston Firs site will be completed by the Autumn of 1973.

No progress can be reported concerning the purchase of further land for three additional sites needed to accommodate the families resident in the county at the time of the national census. A licensed site near Market Harborough in the Rural District, was invaded and overcrowded during the year by about 50 vans mostly belonging to Irish tinkers. After considerable efforts by the district council, they moved off and the land was ploughed up and the site sealed off to prevent a recurrence of the problem. Negotiations were commenced by the County Council to purchase the site for reconstruction to proper standards but the usual local opposition created delays and little headway was made. The final decision on whether this second site will materialise rests with the Department of the Environment.

INSPECTION AND SUPERVISION OF MILK AND FOODS

Biological Milk Sampling

The sampling programme covering “untreated” milk retailed by producer/retailers was continued, with routine samples taken at the time of milking at the farms concerned. The number of producer/retailers has decreased over the years as the older farmers retire or decide that the work involved is not worth the returns. In view of the cost of Laboratory guinea pigs and the fact that no myco, tuberculosis had been found on guinea pig inoculation for a number of years, the Public Health Laboratory discontinued this examination following agreement between the Director and the Medical Officers.

One hundred and thirty two samples were submitted to the laboratory and tested for the presence of *Brucella abortus*. Three routine samples were positive on the Milk Ring Test (ABR) and 63 individual samples from all the cows in milk at the time, were taken immediately. Five cows were identified giving infected milk and were removed from the herds and sent for slaughter. In all cases the farmers were only too keen to co-operate as they realise that infection can be spread through the milking herd from one infected cow unless it is removed quickly.

Of the 36 producer/retailers supervised by the Milk Sampling Officer, fifteen have Accredited Herds under the Brucellosis Accredited Herd Scheme. None of these herds gave positive milk samples, but close liaison is maintained with the Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, whose co-operation and advice is acknowledged and appreciated. It is understood that the duties of Food and Drug Authorities in relation to diseases affecting milk and the licensing of dealers is to be transferred to the new district councils after April 1974. This is to be regretted as with the present system duplication of sampling and licensing is avoided and considerable expertise has been developed over the years. This could be a case where agency from the districts to the Food and Drugs Authorities could be advantageous and of financial benefit to the rate payers.

Veterinary Examination of Cattle

The following information has been summarised from the quarterly reports of Mr. C.W.M. Walker, the Divisional Veterinary Officer.

<i>Clinic Examination of Dairy Cattle</i>	
Number of herd examinations	547
Number of cattle examined	27,688

<i>Attested Herd Scheme</i>	
Number of Animals Tested	33,754
Number of Reactors	1
	(an imported Irish heifer)

Salmonellosis

There was a considerable increase in the number of notifications received through the Divisional Veterinary Officer from the Veterinary Investigation Centres. This is probably due to the increased use of the facilities available at the Centres since many more farmers submit specimens through their veterinary advisers. The classification of notifications totalling 59 is as follows:-

In Bovines:-	Salmonella dublin	34
	" typhimurium	20
	" tournai	1
	" cholera-suis var Kunzendorf	1 pig
In Chickens:-	Salmonella typhimurium	2
	" hartford	1

An interesting case was that of S. dublin in an eagle.

This compares with a total of 35 in the previous year. All the notifications were followed up by farm visits and advice given on precautions to be taken to prevent human infection amongst the animal and poultry handlers.

Diseases of Animals (Waste Food) Order, 1957

Licenses are required by all persons collecting waste food to feed to pigs or poultry and efficient plant is necessary for boiling the waste food before a licence is issued. Satisfactory arrangements for keeping raw swill separate from that which has been boiled are also necessary and precautions taken to prevent animals and birds from gaining access to the unboiled waste food. During the year 10 licences were cancelled, 4 new licences issued, making a total of 40 operative at the end of the year. Liaison is maintained with the Divisional Veterinary Officer's field staff to ensure that satisfactory standards are maintained.

Total Number of Licences in force on 31st December, 1972

Dealers' (Pasteurisers) Licences	3	(3)
Dealers' (Prepacked Milk) Licences	584	(505)
Dealers' (Untreated Milk) Licences	7	(7)

(1971 figures in parenthesis)

Milk Pasteurising Plants

There has been no change in the number of dairies licensed for the pasteurisation of milk – three by the County Council and one by Hinckley Urban District Council as Food and Drug Authorities. The County Health Inspector's staff took 252 samples of milk at the dairies at the time of inspection and of these 7 failed the Methylene Blue keeping quality test and one the Phosphatase Test for efficient pasteurisation. Repeat samples were satisfactory and no explanation for the Phosphatase Test failure could be ascertained as the recording temperature charts showed that the milk had been pasteurised at a higher temperature than the required minimum (161⁰F).

A reduced number of bottle and churn rinses were submitted to the Public Health Laboratory for sterility test and the results based on the unofficial laboratory standard were generally good. Repeat samples were taken following any sub-standard reports and proved satisfactory.

Milk Supplied to Schools and County Council Establishments

Three hundred and fifty two samples of milk were taken by the Milk Sampling Officer from schools, children's homes and county homes for examination by the Public Health Laboratory. None of the samples failed the Phosphatase Test for efficient pasteurisation.

The Designation of Milk Supplied to Schools

School	Untreated	Pasteurised	Total
Upper	.	14	14
High	.	32	32
Primary	5	210	215
Residential	.	2	2
Infants	.	40	40
Total	5	296	300

As the schools receiving "untreated" milk are in very rural areas, it has not been possible to replace this supply by pasteurised milk as it is uneconomical for dealers to go out of their way to deliver to those schools. A close watch however is kept on the "untreated" suppliers who all have Attested Herds with good past records.

Food Hygiene (General) Regulations, 1970

Although the statutory responsibility for enforcing these regulations rests with the district councils, the County Health Inspector liaises closely with the School Meals Section of the Education Department to ensure that school kitchens and hygienic practices are above reproach. The majority of the kitchens are of excellent standard and the few that can be criticised are of old construction or too small for the number of meals prepared. The School Meals Service is only too well aware of the deficiencies at the minority of kitchens concerned and if the finances had been available, new kitchens would have been built long ago. The fact that many mothers with children at the schools are employed by the School Meals Service, helps to maintain the high standard and the School Meals Organisers keep an ever watchful eye on conditions and over the quality of the meals served.

Food and Drugs

I am indebted to Mr. F.W. Arnold the Chief Inspector of the Public Control Department for the information contained in the following report.

Samples Procured during year

COMMODITY	No. obtained		Unsatisfactory		Why unsatisfactory
	Formal	Informal	Formal	Informal	
Milk		800			
Beer, Wines and Spirits	1	233			
Biscuits, Cakes and Pastries		20			
Bread or Toast and Butter		3			
Cheese and Cheese Spreads		19			
Christmas Puddings		8			
Fish and Fish Products		44		5	Inappropriate illustration on can (2) Excess of Breadcrumbs (1) No list of ingredients (1) Excess of Batter (1)
Fruit and Fruit Products		11			
Ice Cream		120			
Marzipan		5			
Meat Pies		73		1	2 Human hairs present
Sausages, Beef	15	4			
Sausages, Pork	70	1	4	1	No declaration of preservatives (3) Deficiency in meat content (1) Excess sulphur dioxide (1)
Sausages	1	2			
Sausage Meat/Rolls	8	6			
Other Meat Products		56		1	No declaration showing common or usual name. No declaration of preservatives.
Preserves		9			
Sauce/Sauce Mix		9		1	Incorrect labelling
Soft Drinks	2	13	1	3	Incorrect labelling (2) Ginger wine—misdescribed (1) Lemonade—no sugar or other sweetening matter (1)
Soups		8			
Miscellaneous Foods		111		8	Misdescribed (2) Incorrect labelling (3) Lemon Curd—contained mould growth Pork and Gravy Dripping—no gravy French Mustard—contained sulphur dioxide
Prepacked medicines		48		1	Indian Brandee—incorrect labelling
TOTALS	97	1603	5	21	
GRAND TOTALS	1700		26		



Dental Care for Schoolchildren at Loughborough

PART V: SCHOOL HEALTH SERVICE

GENERAL STATISTICAL INFORMATION		
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School Population		
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<i>The average number of pupils on the register of maintained schools</i>		
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1969	79,174
1970	82,688
1971	86,390
1972	89,466

<i>The number of schools maintained by this Authority</i>		
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		Number of Schools
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<i>Primary</i>		
Infant		39
Infant and Junior		175
Junior		36
<i>Secondary</i>		
High		31
Upper		14
Comprehensive		1
<i>Special</i>		
Educationally Sub-Normal		2
Physically Handicapped		1
Day Special Schools		5

Medical Inspections

School medical examinations are arranged at infant schools as soon as possible after each admission period. The examination is intended to facilitate a social, intellectual, and medical appraisal of each child. Of all children clinically assessed 0.15% were found to be in an ‘unsatisfactory’ physical condition.

Children Examined by School Medical Officers.

	1971	1972
School Entrants	5,827	7,219
School Leavers	28	40
Intermediate Age Groups	6,914	6,480
Total	12,869	13,739

Miscellaneous Medical Examinations.

In addition to the school medical duties, Medical Officers also carried out medical examinations for other departments.

Examination of Adults.

Students	308
Teachers	65
Highways department	75
Fire service	74
Staff superannuation	39
Ambulance drivers	16
	517

MEDICAL TREATMENT AND SPECIAL CLINICS

The arrangements for the provision of medical treatment remained unchanged from previous years. In general the School Health Service concentrates on finding those children who require treatment and makes arrangements where necessary for this to be given through the National Health Service. In some instances the Local Authority may supplement treatment which is not readily available through the Health Service.

Minor Ailments

Sessions continued during term time at the South Wigston Clinic. In general, treatments were confined to simple medicaments, and pupils requiring further attention were referred to their General Practitioners and the Hospital Service. A large number of verrucae were treated at this clinic which is run by Dr. R.W. Kind.

Audiology Service

Physiological Measurement Technicians tested 12,333 children at routine visits to schools during 1972. Of the children tested a total of 2,269 failed the preliminary test and were referred back to their General Practitioners for examination and, where necessary treatment. Those children who had previously failed the routine test were given a further test and of the number tested 190 children were found to have a hearing loss necessitating referral to the E.N.T. Consultant. Many of these children require operations for removal of adenoids which can improve the hearing dramatically.

The limited facilities available at local hospitals for E.N.T. operative treatment were further reduced by the closure of the Clarendon Park Clinic. Committee members were concerned over this grave shortage of beds and steps were taken to alleviate the situation by making approaches to the Regional Hospital Board.

Ophthalmic Services

Physiological Measurement Technicians also tested children at school entrant age and regular clinics were held throughout the year at Leicester, Loughborough, South Wigston, Oadby, Melton Mowbray, Coalville, Ashby and Market Harborough.

Occasional clinics were held at Desford Boys' School and Craven Lodge Residential E.S.N. School.

Under arrangements with the Regional Hospital Board, clerical assistance is provided at Ophthalmic Clinics by a clerk from the School Health Section. A Consultant Ophthalmologist attends each session and we are indebted to them for their services.

A further slight reduction in the numbers referred to School Eye Clinics was noted. Waiting lists were reduced when parents exercised their choice under the National Health Service. Orthoptic treatment is only available through the Hospital Eye Service and children requiring this form of treatment are asked to attend at the Leicester Royal Infirmary.

<i>The number of children treated during the year</i>		
	1971	1972
Seen and refracted	2,571	2,534
Glasses prescribed	1,890	1,315
Existing glasses found to be suitable	734	544
Found not to require glasses	483	675

These totals include a number of pre-school children referred by Medical Officers and seen at school Ophthalmic Clinics.

Orthopaedic Treatment

Under long-standing arrangements with the Warwickshire Orthopaedic Hospital for Children, twice weekly clinics are held at Coalville and Hinckley. Nursing Sisters travel from the hospital at Coleshill and clerical assistance is provided by the School Health Service and voluntary staff from local Round Table groups. Consultant Orthopaedic Surgeons attend each clinic monthly by arrangement with the Birmingham Regional Hospital Board.

Elsewhere in the county Orthopaedic treatment is available at hospitals including the Leicester Royal Infirmary.

Obesity Clinics

An obesity Clinic has been held monthly at St. Martin's since October 1972. Approximately 30 new cases of obesity have been seen. Of these children 70% have a history of obesity in the family and 10% a history of diabetes. 80% of the children were found to eat a diet containing a very large amount of carbohydrates. This often consisted of large volumes of pop or squash, sweets, cakes and crisps. Snacks were very common.

During the past two months four primary schools have agreed to weigh and measure all children each term. It is hoped that other schools will adopt this practice. From these records it should be possible to ascertain at what stages obesity develops and advice on diet could therefore be given before the children are excessively overweight.

Enuresis Clinics

This necessary service has had to be held in abeyance due to the illness of the Medical Officer whose knowledge and skills has assisted many enuretic patients. It is hoped that these clinics will be resumed in the near future.

Speech Therapy Service

Staff

The establishment comprised:

- 1 Chief Speech Therapist
- 4 Senior Speech Therapists
- 7 Basic Speech Therapists
- 1 Clerk

The number of people working in the service fluctuated through the year. By December there were in post:

- 1 Chief Speech Therapist
- 2 Senior Speech Therapists
- 2 Basic full-time Speech Therapists
- 8 Basic part-time Speech Therapists
- 1 Clerk

More appointments were due to commence in January, so that establishment was expected to be complete.

Administration

A new administrative system was introduced during December, which was based on a card index system, kept up to date each week by the completion of a form by all therapists. Individual registers were therefore unnecessary except for personal convenience. Records of children on the waiting list and under review were centralised.

It was felt that one of the most important functions of senior therapists was in personal contact with basic speech therapists. Each basic grade therapist was therefore supervised by a specific senior, so that case consultation was facilitated and contacts between staff members increased.

In spite of many changes in staff, 1972 was a reasonably satisfactory year for the development of the section and it was possible to predict further improvement in 1973.

Clinics

Clinics for normal school children were held in the more densely populated areas of the County during the year. It was decided to increase the number of places where clinic sessions were held during 1973 to reduce the travelling time of children and therefore the amount of school time they missed on clinic visits.

It was one of the objectives of the section to provide at least one session per week in all special schools and units. At the end of 1972 4 special schools were being covered. It is hoped that this will be increased in 1973 when new staff are in post.

Statistics

	Number of Children
Patients under treatment	321
Patients assessed and awaiting treatment	124
Patients on review	908
Patients on referral list	119
Patients discharged during 1972	514

Child and Family Guidance Service

Dr. S.M.W. Pittock writes:-

As usual there are some staff changes to be recorded including increases in both professional and office staff. In April the office staff was increased from 3 to 4 and at the end of June one of the Psychiatric Social Workers, Mrs. M. Powell, resigned. In the Spring we were fortunate enough to obtain the part-time services of a very experienced Senior Psychiatric Social Worker, Mrs. I. Milloy, whose appointment was particularly welcome during Mrs. Sluckin's absence in the United States. For some months we had been hopeful of an increase in the number of psychiatric staff and it was with very great pleasure that we welcomed the arrival of Dr. B.J.C. Mackintosh as Assistant Children's Psychiatrist on 1st December. Her commitments to the County Child Guidance Clinic will be two sessions of clinical work at Coalville and Upper New Walk Clinics plus one staff/clinical conference session each week.

The total number of cases referred to the Clinic during 1972 was 1,289, a little more than the expected increase, although such a figure represents a very great demand on our resources. In the autumn there was some discussion with the Regional Board about the need for still further psychiatric assistance.

During the year Dr. Hopkirk and I continued to provide cover for Oakham House, the Regional Unit for Adolescent Girls, and we also continued the

arrangement whereby I dealt with the majority of emergency requests from hospitals. In the first half of the year the emergency requests were sometimes very high and it is fair to say that at such times it was barely possible to cope adequately. As will be appreciated, in most emergency cases it is essential that other professional staff are involved very quickly and as a general rule this means Psychiatric Social Worker time. The majority of emergency cases involve drug overdosage with or without an acknowledged suicidal motive. A total of 4½ hours can be spent by the Psychiatrist alone in the necessary diagnostic procedure in such cases and the Psychiatric Social Worker may also spend at least three hours in the early assessment stage. This does not of course include either administrative time nor necessary follow-up treatment. Occasionally the risk of self-injury is considered to be too high to allow the individual to leave hospital and here two or three days may be sufficient to clarify the child's state of mind. Sometimes in the case of adolescent girls immediate transfer from the hospital ward to Oakham House is arranged.

Throughout the year Dr. Hopkirk has been working one half to one extra session a fortnight at the Upper New Walk Clinic but naturally this extra commitment has had to be dependent upon the demands of Oakham House. Because of the tremendous pressure of acute work it was at times during the first half of the year necessary for me to see cases of high priority in one of my sessions at Oakham House. Sometimes such an arrangement was particularly suitable since the case was one considered for placement at the Adolescent Unit, but at other times my normal programme at Oakham House suffered.

In spite of the Clinic's heavy service commitment it was felt right to continue to accept Social Work Students for placement. Although in 1972 we had no such long term placement, in December two female students joined us at the beginning of an eight month placement. On the 11th October a mature student was accepted who already had experience in social work for a two month placement.

From the beginning of the year until August Mrs. Sluckin was in the United States where she took the opportunity of exploring the various kinds of treatment offered for disturbed, autistic and mentally retarded children. In previous years particular reference has sometimes been made to the treatment of 'school phobia'. I should like to take the opportunity here of acknowledging the tremendous help given by Miss J.M. Brewin who is in charge of the office and who has had previous experience of Educational Welfare work. She has developed a technique of putting children who are exceptionally anxious and their often equally anxious parents at ease. We find that many of these school phobic children brought in frequently to the Clinic as part of their therapy eventually return to school of their own accord. The important first step is often to separate the mother and the child since they communicate anxiety to one another.

We are indebted to Oakham House for the treatment of 14 teenage girls during the year, three as day girls only and the remaining 11 as residents. Of the 11 residents three subsequently became day girls before discharge and one was admitted after initial treatment on a day basis. Most of our Psychiatric Social Workers have been involved with the families of girls at Oakham House since they

were already working on such cases and expecting to continue follow-up after discharge.

Mrs. I. Molineux, the County Peripatetic Teacher for Autistic Children who works under the direction of the Senior Educational Psychologist, Mr. G.B. Todd, took up her duties at the beginning of January this year. Apart from the home teaching of pre-school autistic children which is very much a feature of her work, she also visits the Local Authority's Day Special Schools to advise on the autistic children placed in each one. Naturally this degree of involvement means that for each autistic child we have a more consistent level of professional observation than hitherto which both Psychologists and Psychiatrists are finding extremely valuable. One new case of infantile autism was diagnosed during the year bringing the total number in the County known to us to 30.

My own regular weekly sessions at the Leicester Frith Hospital enable continued contact with those autistic children who have needed long term hospitalisation and has also allowed assessment of such a child's reaction to short term temporary care, e.g. for holiday placement. The special classes at three primary school Centres in Leicestershire make a significant contribution to the treatment of a small number of autistic children.

III Health amongst staff of the Homestead, our hostel for emotionally disturbed children in Melton Mowbray, caused a limitation in numbers for most of 1972. Towards the end of the year the Deputy Warden, Mr. R. West, tendered his resignation. His departure will be regretted. The Homestead's Garden Party in June was only the second in ten years to be adversely affected by weather, but in spite of this the event was quite successful and included a three man parachute drop. During the Easter holiday all the Homestead staff took most of the children for a week's holiday on the Norfolk Broads, a highly successful venture and one which it is hoped to repeat sometime in the future.

One County girl who had been placed at Oakham House, first as a resident and subsequently as a day girl was admitted to the Homestead at the start of the Autumn term and in December arrangements were made to admit another girl from Oakham House. So far 'traffic' between the two therapeutic Centres has been one way only, from Oakham House to the Homestead, but it is not impossible that at sometime in the future girls might be transferred from the Homestead to Oakham House if appropriate. During term time several children are brought to the Upper New Walk Clinic for psycho-therapy and this allows a weekly meeting between Mr. Foster and myself. All members of the Clinic team maintain broad interest beyond the Clinic setting and there is good liaison with other professional agencies.

As a member of a panel of experts helping to provide pre-release courses at H.M. Prison, Ashwell, I made six visits during 1972. In July Dr. Hopkirk and I attended the annual conference of the Association for the Psychiatric Study of Adolescence (A.P.S.A.) held at Bristol University. Some of the Psychologists and Psychiatric Social Workers have taken part in lunch time meetings at Local Authority Community Colleges linking up with other representatives from the whole community and I was able to attend one such meeting myself.

With the coming re-organisation of the National Health Service both Consultant Psychiatrists are involved in a greater number of meetings which of necessity has meant curtailment of time available for Clinic work.

In conclusion I should like to thank my professional colleagues at the Clinic, especially Mr. Todd, Miss J. Sutcliffe, Principal Psychiatric Social Worker, and Mrs. Sluckin as Miss Sutcliffe's deputy, and the office staff whose efficiency and loyalty is so vital to the success of a Clinic like ours. I should also like here to express the Clinic's grateful thanks to the other agencies with whom we work and especially our colleagues in general psychiatry and clinical psychology, and the Consultant Paediatricians with whom we have such a good relationship.

<i>I Cases referred during the year</i>			
		1971	1972
No. referred to the Schools Psychological Service and Child Guidance Clinic		1,110	1,289
No. referred to the Child Guidance Clinic		434	496
	<i>m</i>	261	309
No. of new cases seen at the Child Guidance Clinic	<i>f</i>	160	187

<i>II Referrals to the Child Guidance Clinic - by age group</i>			
		<i>m</i>	23
	Aged 1 to 4	<i>f</i>	14
		<i>m</i>	159
	Aged 5 to 10	<i>f</i>	73
		<i>m</i>	127
	Aged 11 to 18	<i>f</i>	100
	Total		496

<i>III Sources of referral of cases</i>		
	Schools Psychological Service	158
	General Practitioners	121
	Parents	70
	School Medical Officers	17
	Hospitals	45
	Health Visitors	27
	Speech Therapy	1
	Other Authorities	3
	Social Services Department	11
	Probation Officer	2
	Schools	23
	School Welfare	17
	Patient	1
	Total	496
<i>IV Type of Problem Referred</i>		
(a) Diagnosis		
	Neurotic	39
	Reactive	175
	Social	25
	School Phobia	25
	Organic	10
	Depression	13
	(a) Childhood Psychosis	2
	(b) Early Schizophrenia	1
	Attempted Suicide	24
	Psychosomatic	1
	Court Report	5
	Subnormality	6
	Educational	10
(b) Action to be taken		
	Treatment	155
	Observation and Survey	59
	Transfer to hostel	6
	Transfer to hospital	8
	Advice given	26
	Refer to Schools Psychological Service	179
	Remedial Teaching	.
	Remedial Teaching Survey	.
	Refer to other Agencies	5
	E.S.N. School	3
	Special Class	2
	No action taken	2

	Upper New Walk	Lough- borough	Hin- ckley	Coal- ville	Mel- ton
No. of diagnostic interviews	121	84	38	38	36
Total attendances at each Clinic	434	260	74	119	238
No. of sessions at each Clinic	170	37	16	21	37

HANDICAPPED PUPILS

Blind and Partially Sighted Children

The City Education Authority were able to offer thirteen placements at South Lodge School. The nearest Residential Special School for Partially Sighted Children is at Exhall Grange, Warwickshire and at the end of the year one County child was placed there.

The registered blind children are placed at Lickey Grange School near Bromsgrove, Worcestershire where special provision on a day to day residential basis is available.

The distance from home to these Residential Schools is an additional problem for many parents to face although the Education Department help to keep children in touch with home by the generous reimbursement of fares.

The following table shows an analysis by age of the blind and partially sighted children as at 31st December, 1972.

Age	Blind		Partially Sighted		Total		Total
	Boys	Girls	Boys	Girls	Boys	Girls	
-1	1	.	.	.	1	.	1
-2	.	2	1	1	1	3	4
-3	.	1	.	1	.	2	2
-4	.	.	2	.	2	.	2
-5	.	.	.	1	.	1	1
-6	1	.	5	3	6	3	9
-7	.	.	1	.	1	.	1
-8	.	.	1	.	1	.	1
-9	.	.	4	.	4	.	4
-10	.	1	2	1	2	2	4
-11	.	.	1	.	1	.	1
-12
-13	.	.	1	1	1	1	2
-14
-15	.	1	.	.	.	1	1
-16	.	1	1	.	1	1	2
16+	.	1	.	.	.	1	1
Total	2	7	19	8	21	15	36

Hearing Impaired Children

The work of the teaching staff covers the needs of the hearing impaired children of both pre-school and school age. The majority of the latter category attend ordinary school. In addition they cater for children attending special schools and special units. The special school for junior aged children is Stoneleigh in the City of Leicester. Senior aged children attend the School of the Deaf in Derby where placement is on a five days per week residential basis.

The provision of a special units for hearing impaired children attached to an infant school at Oadby has proved its value as a number of young children attend the ordinary classes for a major part of the day and attend the unit for special training from time to time.

Arrangements for the issue of commercial hearing aids when recommended by an E.N.T. Consultant continued and 46 aids were issued during the year. The teaching staff are able to advise on the appropriate model for the type of hearing loss to be corrected and can make some ear moulds for patients.

Educationally Subnormal Pupils

The Department of Education and Science has divided mentally handicapped children into two new classifications; Educationally subnormal, Moderate (M), and Educationally subnormal, Severe (S).

Educationally Subnormal Pupils (M)

Only two schools in the County are available to this group of children. All other educationally subnormal pupils (M) either attend residential schools outside the County or attend ordinary day schools with special help from remedial teaching staff and the support of educational psychologists.

Craven Lodge School

This school situated at Melton Mowbray is for boys and girls of junior age. During 1972 no events of special medical significance occurred and considering the general inferior condition of recent intakes the wellbeing of the pupils reflects the level of care they receive from the staff.

The question of the changed nature of the more recent intakes has been repeatedly discussed with the staff and has been reported on in some detail to the Governors. It is noticeable that recent intakes show a lower level of ability reflected by a mean I.Q. some 10 points lower than previous intakes. The teaching and child care problems are made still more difficult by the existence of multiple handicaps within this lower ability group.

The resulting situation makes considerable demands on teachers and child care staff and appears to conflict with expressed intentions concerning the future use of the school.

Maplewell Hall Residential Special School

This school at Woodhouse Eaves has places for 75 boys of senior age. The school operates on a five day residential basis and only exceptionally does a boy stay over for the weekend.

Apart from a few individual cases the health of the boys has been generally good. There is always a risk in a residential community, especially, as here, when the boys go home for week-ends, of the importation of some infection which can spread.

Though infection proper was not experienced a number of boys were found repeatedly to be returning to school with head infestations, especially after holiday periods. The use of one of the newer anti-infestation preparations however has been very successful in reducing the incidence of this annoying complaint.

The range of out-of-class activities continues to grow and there is now something in which almost every boy can find an interest and an opportunity to show his ability.

There has been a comprehensive programme of industrial visits. There are many outdoor activities from work about the school to rock climbing. In short, the boys get every opportunity to collect experiences which all help to give them confidence and equip them to take a place in the community when they leave school.

The successes gained in the Duke of Edinburgh's Award Scheme deserve special mention and show what can be done by enthusiasm and dedication.

Educationally Subnormal Pupils (S)

The Education Department provides five Day Special Schools as follows:-

	Boys	Girls	Total
Ashmount, Loughborough	17	17	34
*Birkett House, Wigston	54	38	92
Dorothy Goodman, Hinckley	26	27	53
Forest Way, Coalville	23	24	47
Mount, Melton Mowbray	24	16	40
Total	144	122	266
*Birkett House Hostel	—	—	21

Physically Handicapped Pupils

Ash Field School provides approximately 45 places for County children who are physically handicapped. A Hostel is attached to the school and provides for 16 places on a residential basis for pupils similarly handicapped.

Ash Field School

At the close of 1972 the School was caring for 93 pupils of whom 15 were in residence. The numbers of boys and girls and their place or origin are shown as follows:-

	Leicestershire	Leicester City	Total
Boys	26	28	54
Girls	22	17	39
Totals	48	45	93

The age distribution of these pupils when related to the ages of those children awaiting admission shows that at its present capacity Ash Field School is unable to accommodate all who need its facilities. Substantial extension is required and until this is available a relatively rigid form of competitive selection will have to be implemented to determine admissions.

The physical defects shown by the pupils are summarized below:-

Cerebral Palsy	3
Other cerebral conditions	7
Spina Bifida with Myelo Meningo Coele	26
Hydrocephalus	2
Defects of muscle control	11
Skeletal defects	11
Congenital heart disease	2
Epilepsy	1
Total	93

Delicate Children

There is no special provision in the County for this group of children which includes asmathic and a rising number of cystic fibrosis cases, although some places are available at the Western Park Open Air School which is provided by the City of Leicester. Other children are placed at schools outside the County.

Employment of Handicapped Young People.

Early identification of disabilities is essential to enable assessments to be made which will be of assistance to the Specialist Careers Officer who works in a very restricted employment field which is made even more difficult when there is a general cutback of employment.

The Principal Careers Officer has made it clear that the more accurately the positive attributes of young people can be identified and utilised, the better is the chance of placing them in employment.

Heads of Schools were asked to submit details of handicapped pupils and a Principal Careers Officer and Senior Medical Officer saw each pupil individually together with the parents. This examination ensured the assessment of the defects and allowed for the discussion of the suitability of certain jobs. School Counsellors were available and their specialised knowledge helped greatly in this work.

Subsequently case conferences were held between the specialist Careers Officer, Senior Medical Officer and the Administrative Officer of the Child Health Section. Reports were discussed and submitted to the Area Careers Officer in charge of the whole area. Pupils were given the assistance required, according to the nature of their disability, by the Specialist Careers Officer acting in an advisory capacity or in obtaining placements within commerce or industry.

Regular talks on careers were given at Maplewell Hall and Ashfield Special Schools and these received full parental support. The Principal Careers Officer organised a day trip to a factory for pupils from Maplewell Hall to help them to understand an industrial environment.

Handicapped School Leavers according to Disability seen in 1972.

Disability	Boys	Girls	Total
E.S.N.	38	15	53
Maladjusted	10	2	12
Psychiatric	7	8	15
Epilepsy	10	8	18
Autism	1	1	2
Semi-autistic	1	0	1
Spasticity	15	20	35
Partially hearing	10	2	12
Partially sighted	8	1	9
Diabetis	3	0	3
Asthma	3	0	3
Others (Heart disease, arthritis, polio, cystic fibrosis, heamophilia, club foot etc.)	8	10	18
Total	114	67	181

The Employment Medical Advisory Service Act, 1972, set up a new service for young persons which is to be operated from February 1973. This act will abolish the function of the appointed factory doctor who, amongst other things, is responsible for the routine medical examination of young people under 18 years of age. The new arrangements will not affect pupils whose health is not expected to

influence their choice of work in any way. Medical Officers therefore can concentrate on the disabled and those with some degree of ill health. Close co-operation between the School Medical Officer, Careers Officer and Employment Medical Adviser should ensure that optimum help is obtained to fit handicapped youngsters into working situations.

The new act accentuates the work of the School Medical Officer in identifying school leavers who are not unconditionally fit for all types of employment, and together with the Employment Medical Advisory Service share special responsibility in advising Careers Officers as to the best type of employment for individuals.

SCHOOL DENTAL SERVICE

Dental disease is one of the few common afflictions of man that is non-reversible, and as children cannot be held responsible for maintaining their own health, it is unfortunate that dental decay is most rife in childhood. It is also a pity that its onset does not give early warning such as pain, which would be noticed by the parent, for without regular examinations by the Dental Surgeon, many teeth are irreparably injured before it is realised. It would seem that everyone responsible for children should be aware of this danger and therefore avoid unnecessary suffering, not only in childhood but in adult life as well.

It is therefore regretted that fluoridation of the water supply in Leicestershire is to be further delayed until 1974. This proven public health preventive measure not only reduces the prevalence of dental decay by 50% to 60%, but retards its onset.

Staffing

It is pleasing to record that on the 31st December, 1972, 8 full-time officers were in post, the highest ever in the County since 1949, and for the first time no part-time staff were employed. The average age of 36 years also compares favourably with national figures. The staff comprises a Principal Dental Officer, 4 Area Dental Officers and 3 Dental Officers. The graded structure and incentives offered by the County, together with repeated advertising, have undoubtedly aided recruitment, although mainly at the upper end. One difficulty encountered has been the inability to attract staff to full-time appointments on mobile dental caravans, although this work can be more rewarding, since a more direct contact is made with the schools. However, it has proved difficult to convince prospective candidates of its advantages.

With a larger and more stable staff, and further improved facilities coming along, more applicants should be encouraged to the Service. Many changes have occurred during the year, which included the full-time appointments of Mr. A.L. Jones, Area Dental Officer and Mrs. S. Cheney, Dental Officer, (Loughborough); Mr. T.A. Kuyebi, Area Dental Officer (Lutterworth) and Mr. A.M. Horrocks Area Dental Officer (South Wigston). These have been countered by the resignations of

Miss P. Cooper, Area Dental Officer (Loughborough) and Mrs. S. Kennedy, part-time Dental Officer (Loughborough), both for health reasons; Mr. R. Latimer, part-time Dental Officer (Loughborough) after 25 years service and Mr. J. Buckerfield (Coalville), Dental Officer, on passing the primary F.D.S. (fellowship) examination to take up a hospital appointment. With approximately 10,750 schoolchildren per Dental Officer, the County still compares unfavourably with the national average of 5,500 schoolchildren per Dental Officer.

Staff meetings are now arranged at quarterly intervals to discuss problems and matters that arise, receive information and advice from the Principal Dental Officer and to create a team attitude, since the very act of practising dentistry can be most isolating.

Accommodation

Great strides have been made in this direction this year, commencing with the opening of the dental suite at the Lutterworth Health Centre in January, followed by the re-opening of the South Wigston dental clinic in July after renovation and installation of new up-to-date equipment and cabinetry.

The Loughborough Clinic was altered and renovated in August to provide two surgeries, recovery room and dark room, plus a more welcoming waiting area. Once again modern equipment and cabinetry were installed. This project in addition will release the transportable dental suite sited at the rear of the building, for use at Melton Mowbray in the coming year. The County now possesses six fixed, modern-equipped surgeries and approval to carry this through is greatly appreciated.

Number 1 Mobile Unit was remodelled and the interior and exterior redecorated after almost 8 years continuous service. New equipment was installed and at comparatively reasonable cost a vehicle has been created that should continue in service for some years.

Priority should now be given to improving the accommodation at Market Harborough Clinic and the provision of clinic facilities at Hinckley, by means of 'Portakabin' type buildings. Besides providing the necessary stop gaps until Health Centres are in operation, they can readily be moved as required at a later date. They have the advantage over the County's present transportable type of building in that expensive foundations are unnecessary.

School Clinics for the large campuses are being designed and it is hoped that the first will be operational by late 1973. Those immediately planned are for Loughborough Burleigh Community College, Countesthorpe Upper, Guthlaxton Upper, Coalville Castle Rock Upper and Shepshed Upper Schools.

Dental Inspections and Treatment

This year an attempt has been made to simplify the presentation of the numerous figures in the annual returns by means of the accompanying bar charts. These highlight the main points of interest and compare the output of the service for the four years 1969-1972. Regrettably regular School Dental Inspections have fallen since 1970 but with staff fluctuations this is only to be expected. More children were provided with a course of treatment which indicates that the service is facing a bigger demand and no useful purpose is achieved by inspecting more children than it is possible to treat with the staff available. The difference between those requiring treatment and those offered treatment can be explained by the inspection of children who are regularly attending general practitioners under the General Dental Service, and are either under such a course of treatment or possibly overdue.

However, the difference between those offered treatment and those who accept and attend, emphasises the present low demand in certain areas where previously the service has been haphazard or non-existent. In Coalville where there has been no staff change for some time and where facilities are pleasant, there is confidence in the service and the number seeking and accepting treatment has steadily increased. It is to be hoped that with improvements, a regular service can be maintained in more areas, resulting in, not only a greater demand but, a demand that can be met, since, without doubt, the need for treatment exists.

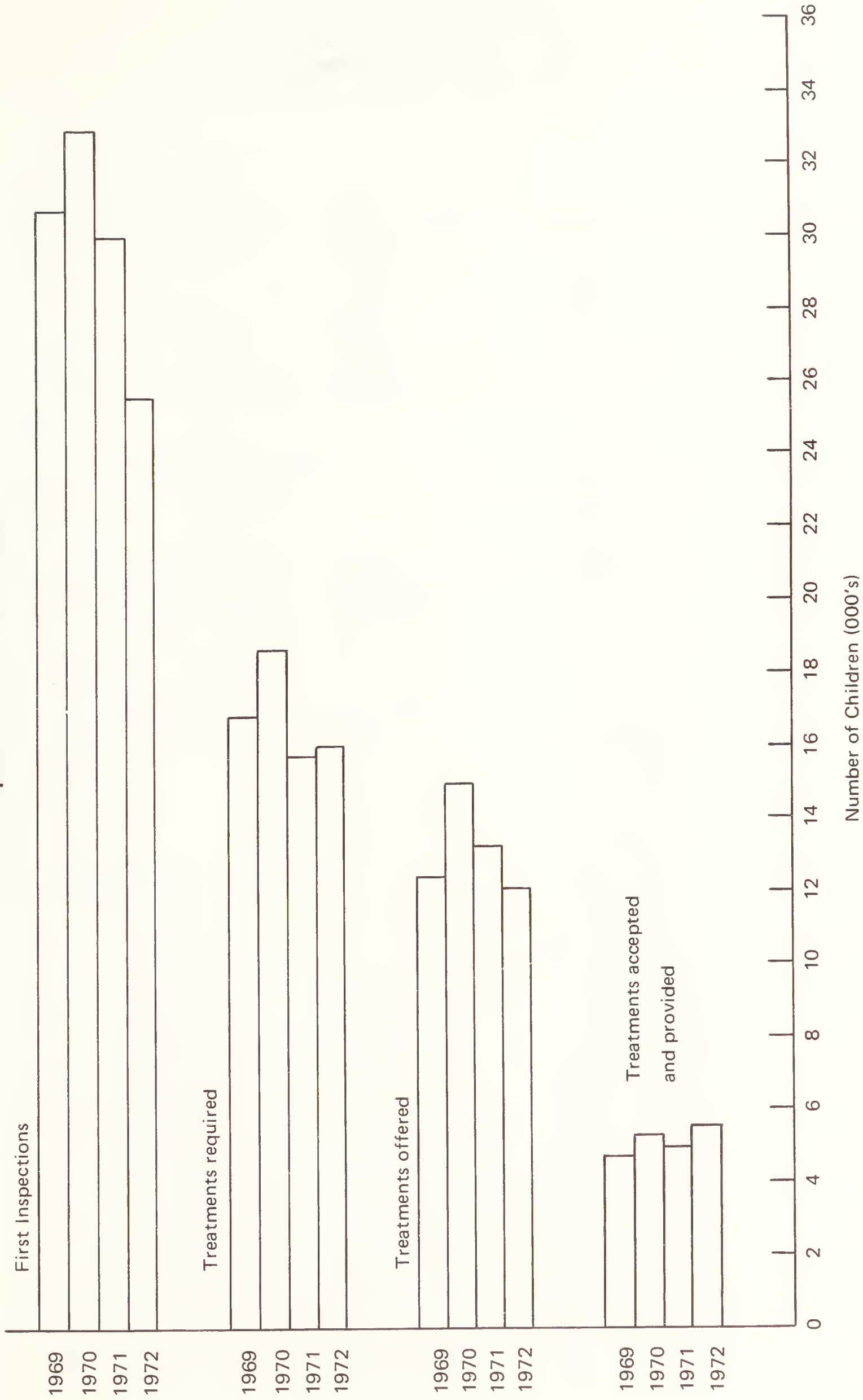
As more courses of treatment were provided in 1972, it is natural that the number of visits, fillings and extractions have increased as shown by the charts. A welcome sign is the increased ratio of fillings to extractions. At Loughborough and South Wigston new fail-safe anaesthetic machines have permitted the 'Relative Analgesia' (Twilight Sleep) techniques to be used for difficult and apprehensive patients who had previously been almost untreatable.

Dental Health Education

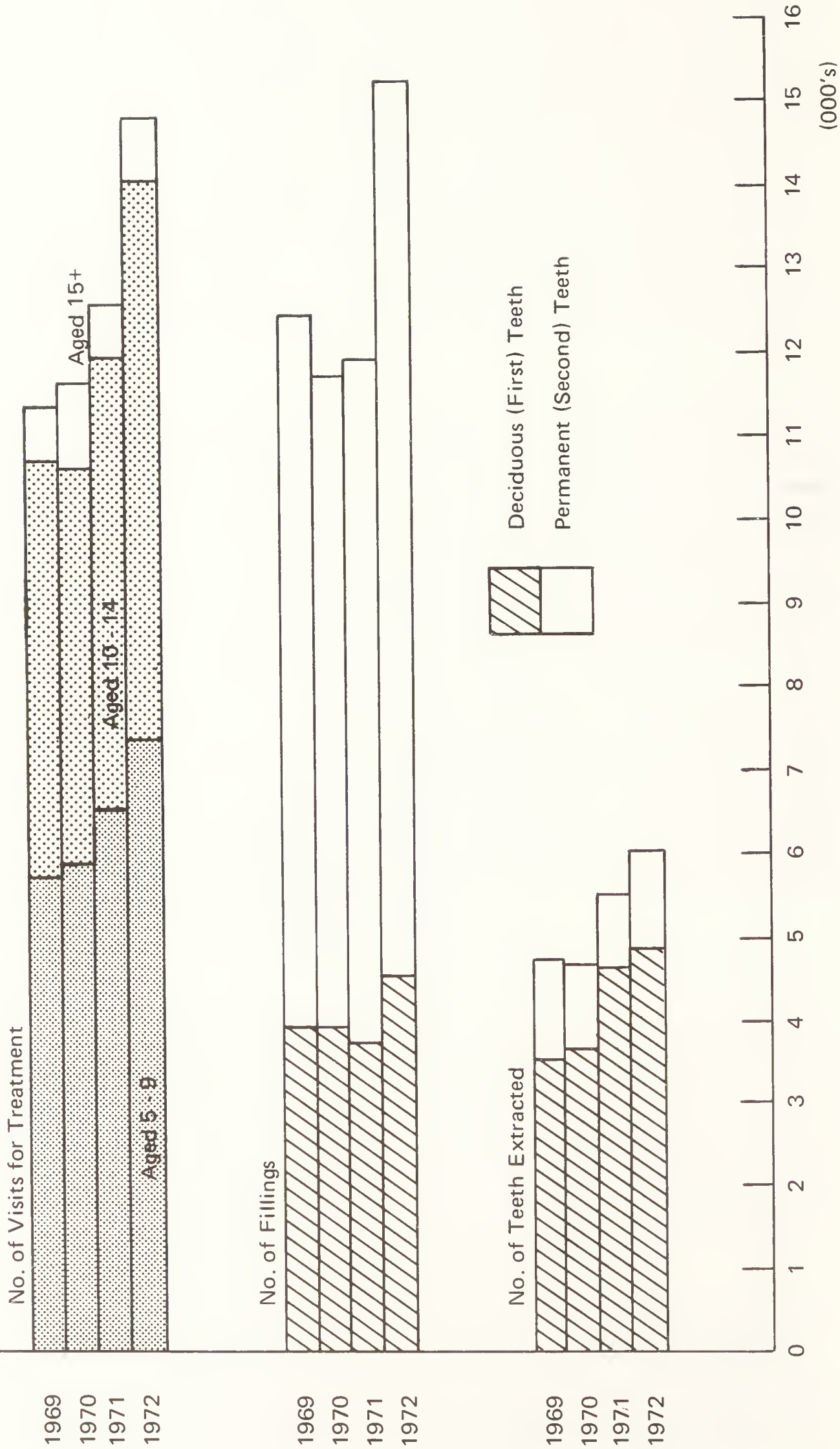
Mrs. B. Bourne, a qualified Dental Auxiliary, was employed for part of the year for two sessions per week, to give talks and film shows to schools on oral health and hygiene. She distributed posters and booklets to teachers in order to provide some follow-up instruction. A total of 36 sessions were devoted to this which was appreciated by the schools concerned but unfortunately she resigned for family reasons. However it is hoped that an experienced dental surgery assistant will be trained to continue this important aspect of preventive dentistry.

In addition, a few talks have been given to Mothers' Groups and Schools by the professional staff, and at Lutterworth and Loughborough groups of children have visited the surgeries to be shown 'The Dentist at Work', supplemented by oral hygiene advice and simple explanations of dental disease. It is felt that this approach has the added advantage of diminishing apprehension when the children later attend for inspection and treatment.

Dental Inspections of School Children



Dental Treatment of School Children



There is a need to establish Dental Health as a subject within the regular curriculum in schools as part of a general health education programme, instead of the irregular approach at present adopted which relies on the enthusiasm of Head Teachers.

Post Graduate Courses

Staff have continued to avail themselves of the County's generous attitude towards further education. The following is a list of staff and Courses attended:-

- Mr. J.A. Baxter – 'Orthodontics', Keele University
- Mr. A.M. Horrocks – 'Community Dentistry', Oxford University
- Mr. T.A. Kuyebi – 'General Anaesthesia in Dentistry', Salford University
- Mr. A.L. Jones – 'Relative Analgesia', Harrogate

In addition, the Principal Dental Officer, Mr. G.A. Scivier, is attending a part-time course of one year at Birmingham University, for the Diploma in Dental Health.

In these days of continual change in methods and techniques it is imperative that staff are encouraged to attend courses which will ultimately benefit the whole service and not just the individual officer.

Conclusion

Grateful acknowledgment is made to all those who have assisted in the running of the service and especially for the co-operation received from Head Teachers.

Statistics

<i>1. Attendances & Treatment</i>				
	Ages 5–9	Ages 10–14	Ages 15 and over	
First Visit	3,162	2,304	229	
Subsequent Visits	4,262	4,384	567	
Total Visits	7,424	6,688	796	
Additional courses of treatment commenced	104	101	16	
Fillings in permanent teeth	3,362	6,375	1,023	
Fillings in deciduous teeth	4,214	313	—	
Permanent teeth filled	2,572	5,304	886	
Deciduous teeth filled	3,892	295	—	
Permanent teeth extracted	312	796	115	
Deciduous teeth extracted	3,443	1,343	—	
General anaesthetics	290	98	3	
Emergencies	218	117	20	

1. *Attendances & Treatment (Cont.)*

Number of Pupils X-rayed	298
Prophylaxis	858
Teeth otherwise conserved	829
Number of teeth root filled	13
Inlays	2
Crowns	24

2. *Orthodontics*

New cases commenced during year	83
Cases completed during year	33
Cases discontinued during year	6
No. of removable appliances fitted	135
No. of fixed appliances fitted	6
Pupils referred to Hospital Consultant	9

3. *Prosthetics*

	5–9	10–14	15 and over
Pupils supplied with F.U. or F.L. (first time)	.	.	.
Pupils supplied with other dentures (first time)	3	12	7
No. of dentures supplied	3	12	7

4. *Inspections*

(a) First inspection at school. No. of pupils	24,945
(b) First inspection at clinic. No. of pupils	630
Number found to require treatment	14,069
Number offered treatment	12,105
(c) Pupils re-inspected at school or clinic	519
Number of (c) found to require treatment	391

5. *Sessions*

Sessions devoted to treatment	2,533
Sessions devoted to inspection	236
Sessions devoted to Dental Health Education	47

SCHOOL ENVIRONMENT

School Meals Service

Provision continues throughout the county to assist the promotion of an adequate standard of nutrition for schoolchildren.

The figures below are based on returns submitted by schools in October 1972.

Meals

Number of pupils present:	82,127
Number taking meals:	32,252 Primary
	22,137 Secondary

Sandwich Meals

1,317 Primary
2,969 Secondary

Milk in Schools

Free Milk — Number entitled at present:	18,909
— Number taking free milk:	17,811

As a result of powers conferred by the Education (Milk) Act, 1971 Head Teachers notified medical officers of children considered to be suffering poorer health because of the absence of milk at school.

Each case is considered on its merits and medical staff may or may not recommend the issue of free milk on health grounds after checking the medical history and/or examining the child. The provision of free milk in these cases is only endorsed if the child's physical condition justifies it.

Hygiene Inspections

Routine hygiene inspections in schools are performed by State Enrolled Nurses under the supervision of health visitors. A surprisingly large number of cases of infestation were found and dealt with. The problem of head lice resistant to 'Lorexane' shampoo persisted in some areas. In most of these cases a supply of Suleo lotion or shampoo, containing pyrethin, proved efficacious.

In all 28,024 examinations took place and 1,787 pupils were found to be infested. Cleansing orders were issued in 5 cases.

Infectious Disease and Immunisation

A report on these subjects is included in the Epidemiology section, earlier in this publication.

School Swimming Pools

A report on this subject is included in the Environmental Health section of this publication.

B.C.G. Vaccination

In February, all children who had attained 11 years in August, 1971 and those who had missed previous offers were offered B.C.G. vaccination.

A total of 7,045 were skin tested and 6,014 of these were vaccinated.

As a further precaution a chest X-ray examination was offered to 135 children showing a strong positive reaction to the skin test.

The co-operation of all schools involved and the Mass Radiography Unit in satisfactorily completing a very tight schedule is greatly appreciated.

Heaf testing was again carried out by nursing staff (S.E.N.'s) leaving the School Medical Officers to read the reactions and to vaccinate when necessary.

No cases of tuberculosis were discovered.

Mortality			
<i>Deaths in the 5 to 14 age group</i>			
	Leukaemia	<i>m</i>	3
		<i>f</i>	1
	Other Malignant Neoplasms	<i>m</i>	1
		<i>f</i>	1
	Other diseases of blood etc.	<i>m</i>	1
		<i>f</i>	—
	Other forms of heart disease	<i>m</i>	—
		<i>f</i>	1
	Cerebrovascular disease	<i>m</i>	—
		<i>f</i>	1
	Pneumonia	<i>m</i>	1
		<i>f</i>	—
	Asthma	<i>m</i>	1
		<i>f</i>	—
	Other diseases of respiratory system	<i>m</i>	2
		<i>f</i>	—
	Nephritis and Nephrosis	<i>m</i>	—
		<i>f</i>	1
	Congenital anomalies	<i>m</i>	1
		<i>f</i>	3
	Motor vehicle accidents	<i>m</i>	6
		<i>f</i>	2
	All other accidents	<i>m</i>	1
		<i>f</i>	—
		<i>m</i>	17
		<i>f</i>	10
Total			27

Health Education in Schools.

Health Education Officers promoting Health and Hygiene visited a large number of Primary Schools, as well as receiving many requests from High and Upper Schools. Due to the participation of Parent/Teacher groups the section has had further opportunity to promote Community Health Education.

A new C.S.E. Course ‘Childhood to Adulthood’ was produced jointly by Countesthorpe College and Health Education. At Guthlaxton, teachers attended a course on Health Education which included the showing of films and discussions. A course ‘Learning to Live’ to be used throughout the school, was originally devised by a group of 5th formers, and includes topics such as boy/girl relationships, V.D., contraception and the changing role of parents.

Copies of all programmes planned for schools are available to those interested.

STATISTICS

The following figures relate to pupils attending maintained Primary and Secondary Schools, including Nursery and Special Schools.

1. Medical Inspections

(a) Periodic Medical Inspections

Year of birth	No. of Examinations	Satisfactory	Unsatisfactory
1968 and later	4	4	—
1967	7,215	7,211	4
1966	2,835	2,833	2
1965	1,504	1,498	6
1964	1,019	1,017	2
1963	745	743	2
1962	212	212	—
1961	114	112	2
1960	27	25	2
1959	12	12	—
1958 and earlier	52	52	—
Total	13,739	13,719	20

(b) Other Inspections

No. of Special inspections	514
No. of Re-inspections	5,844
Total	6,358

<hr/> <i>(c) Inspections concerning infestation with Vermin</i> <hr/>		
	Pupils examined	28,024
	Pupils found to be Infested	1,787
	Cleansing Notices issued	—
	Cleansing Orders issued	—

2. Treatments Provided

<hr/> <i>(a) Cases of eye disease, defective vision and squint</i> <hr/>		
External and other, excluding errors of refraction and squint		635
Errors of refraction (including squint)		2,262
	Total	2,897
Number of pupils for whom spectacles were prescribed		1,555
<hr/> <i>(b) Cases of diseases and defects of ear, nose, and throat</i> <hr/>		
Pupils with hearing aids provided:—		
	during 1972	46
	in previous years	385
<hr/> <i>(c) Cases of orthopaedic and postural defects</i> <hr/>		
Pupils treated at clinics or out-patients departments		564
Pupils treated at school		—
	Total	564
<hr/> <i>(d) Cases of diseases of the skin</i> <hr/>		
	Ringworm of: Scalp	—
	Body	6
	Scabies	68
	Impetigo	67
	Other skin diseases	133
	Total	274

(e) *Cases of other disorders*

Pupils treated at Child Guidance Clinics	496
Pupils treated by Speech Therapists	1,867
Pupils with minor ailments	252
Pupils who received S.H.S. convalescent treatment	—
Pupils treated at Enuresis Clinic	—
Pupils who received B.C.G. vaccination	6,980
Pupils treated at Obesity Clinic	70

INDEX

Abortions	35
Adaptations to Homes of the Handicapped	65
Ambulance Service	57
Ante-natal Clinics	29
Artificial Kidney Machines	63
Ash Field School	108
Audiology Service	97
B.C.G. Vaccination	120
Biological Milk Sampling	88
Birth Statistics	19
Blind and Partially Sighted	106
Cervical Cytology	60
Chest Clinic	74
Child Abuse Syndrome	36
Child and Family Guidance	100
Child Health Centres	37
Chiropody Service	61
Clean Air Act	83
Committees	5,6
Comprehensive Screening Scheme	32
Congenital Malformation	34
Convalescent Home Treatment	60
Craven Lodge Special School	107
Deaf and Partially Hearing	32,107
Deaths	20,120
Delicate Children	109
Dental Treatment	29,112
Dietetics Service	54
Diseases of Animals (Waste Food) Order	89
District Medical Officers of Health	11
Educationally Subnormal Pupils	107

Employment of Handicapped Young People	109
Enuresis Clinic	99
Epidemiology	68
Family Planning	31
Fluoridation	82
Food and Drugs Act	91
Food Hygiene Regulations	91
Gipsies and Itinerants	87
Handicapped Pupils	106
Health Centres	27,46
Health Education	61,121
Health Visiting	51
Hearing Impaired Children	107
Home Nursing	42
Hygiene Inspections	120
Immunisation	76
Incontinence Pads	64
Infectious Diseases	69
Maplewell Hall Special School	108
Mass Radiography	74
Maternity Outfits	31
Medical Equipment Loan Service	64
Medical Inspections	96,122
Midwifery	47
Milk Pasteurising Plants	90
Minor Ailments	97
Nursing Services	41
Obesity	98
Ophthalmic Services	97
Orthopaedic Treatment	98
Physically Handicapped Pupils	108
Population	17
Public Cleansing	83
Rainfall	81
Registration of Nursing Homes	66
Relaxation Classes	29
Rubella	36
Rural Water Supplies and Sewerage Acts	82
Salmonellosis	89
School Meals Service	119
Sewage Disposal	82
Speech Therapy	99
Staff	7
Swimming Baths and Pools	85,87
Termination of Pregnancy	35

Tuberculosis	73
Vaccination	76
Venereal Diseases	72
Veterinary Examination of Cattle	88
Vital Statistics	15
Water Supply	82
Welfare Foods	40

